



CORPORATION OF GLASGOW

Public Health Department

EDUCATION HEALTH SERVICE

REPORT

ON THE

Medical Inspection and Treatment of School Children

FOR THE YEAR ENDED 31st JULY, 1949

Ordered by the Committee on Health to be printed

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GENERAL INTRODUCTION.

This REPORT is the fortieth since the institution of medical inspection in Glasgow in 1909, the nineteenth since the transfer to the Public Health Department in 1930, and the eleventh since the form of report desired by the Department of Health for Scotland was re-cast in 1939. As it also covers the first complete school session following the introduction of the National Health Service, an examination of the present position is relevant.

D.H.S. Circular 1131/1948 restates the responsibilities of an education authority for the health of school children in each area. The following is a summarised version of the contents of the circular.

(1) The duty of an education authority under the Education (Scotland) Act, 1946 to provide for *medical inspection and supervision* of pupils was unaffected by the National Health Service. Similarly, the duties bearing on the ascertainment of mentally and physically handicapped children remained with the authority.

(2) With regard to *treatment in general*, the obligation of the education authority to make arrangements for securing comprehensive free treatment under the 1946 Act could be discharged to some extent by making suitable arrangements with the National Health Service. It was envisaged, however, that some of the treatment facilities afforded pupils by an authority would be retained, particularly minor ailment clinics.

(3) Hospital and specialist treatment, including the provision of artificial limbs and appliances, was the actual responsibility of the Regional Hospital Board and the obligations of the education authority were normally discharged when it had arranged with the Hospital Board to ensure access to appropriate facilities. Specialists would undertake work for the authority by arrangement between the Board and the authority, and would if necessary visit clinics of the education authority.

(4) Ophthalmic treatment, including the supply of spectacles, was also the responsibility of the Hospital Board but the education authority was required to consult the Board as to the extent of the facilities provided by the latter and to make any necessary additional arrangements for detailed sight-testing and the supply of spectacles.

(5) Dental treatment, except for specialist work provided by the hospital organisation, was to be maintained and indeed developed by education authorities for some considerable time to come. It was emphasized that school children should be able to obtain such treatment as they required.

Dental inspection was of course a part of medical inspection generally and would remain a permanent feature of the school health service. Local authorities were also held responsible for providing dental treatment for expectant and nursing mothers and for pre-school children.

(6) Minor ailment clinics were to be maintained by the education authority and where necessary extended on existing lines as no change was anticipated in the system for many years.

On the whole the transition caused little interruption of Education Health Service work. The same specialists were made available and the same hospitals co-operated as formerly in connection with x-ray, ear, nose and throat operations, and other forms of institutional treatment; in fact, an additional hospital was able to deal with some of the cases awaiting treatment for ear, nose and throat conditions. Unfortunately, however, the ophthalmic service was considerably disrupted; the session was almost at an end before a new scheme was in sufficient working order to cope adequately with the numbers of children requiring spectacles.

Arrangements were made with Executive Councils for the appointment of local medical and dental practitioners to visit residential schools in emergency and for the services of a dentist for Mossbank Approved School. The Corporation obtained the services of these and of the specialists already mentioned free of cost and the Western Regional Hospital Board agreed to pay the Corporation a fixed sum for the work in connection with the ophthalmic services.

The Report is slightly more voluminous than usual for several reasons. As a result of the re-orientation of public health administration much of the information relating to co-ordination and co-operation with other departments and agencies (page 16) had become obsolete and it was necessary to bring these particular sections up-to-date. Other additions to the usual features are : (a) details of repairs and improvements to schools, from data supplied by the Education Department (Property Section) (page 10); (b) an account of the ophthalmic service (page 32); (c) a special section for the diphtheria immunisation campaign (page 86); (d) fuller information

regarding examination of nursery school pupils (page 82); and complete details of the new dental scheme (page 14).

A total of 49,466 pupils attending "ordinary" schools were systematically examined during the school session, a figure which was the highest since 1942. With the exception of uncleanliness, the percentage of children with any of the listed ailments was the smallest for many years, and the actual defects were observed to be of a more remediable type than of late. The percentage of those without any defect was the best yet recorded.

Average physical measurements again showed improvement, the boys reaching a new high level in each group and the girls, although not so consistent, showing a deterioration in only one instance—the height of thirteen-year-old transferred pupils. The improvement over a period of years in the average heights and weights of Glasgow school children will be clearly seen from the following table which shows the amount of increase since 1932 for boys and girls in the three age-groups.

	Increase at 1949	compared with 1932.
	Boys.	Girls.
Pupils of 5 years	1.26 ins., 2.65 lbs.	1.28 ins., 2.61 lbs.
Pupils of 9 years	1.64 ins., 4.29 lbs.	1.27 ins., 4.00 lbs.
Pupils of 13 years	2.09 ins., 7.55 lbs.	1.55 ins., 7.55 lbs.

Attendances for treatment of skin disease and "general" cases were much reduced but cuts and bruises, eye and ear cases, although fewer than in 1948, were more numerous than in any other year since 1939. Conversely, more orthopaedic cases were treated and more ear, nose and throat operations were performed as a result of increased facilities.

The engagement of additional Dental Officers, whole-time and part-time, during the year may be considered satisfactory in view of the difficulties of recruitment and retention of dental staffs experienced by other local authorities during the same period. Under the new scheme of dental inspection and treatment operating from the beginning of the school session, a smaller number of schools were visited by dental Officers for the purpose of routine inspection. Fewer children than in 1948 were actually treated, but a larger proportion ($64 \cdot I$ per cent.) of these were given complete treatment.

It only remains for me to acknowledge again the unfailing co-operation freely given throughout the session by the Director of Education and his administrative staff, and by officials of the other sections of his department, including the Head Masters and school teachers. The assistance of the staff of the Health and Welfare Department should also be mentioned, and of the Western Regional Hospital Board and the National Health Service Executive Council for the City of Glasgow.

My thanks are especially due to Mr. James A. Stewart, Chief Clerk, and to the members of his staff for the arrangement and detailed examination of the statistical matter included within these pages.

> JAMES EWAN, M.B., Ch.B., D.P.H., D.P.A., Senior Medical Officer.

155 BATH STREET, GLASGOW, C.2. 22nd February, 1950.

1.-LIST OF STAFF.

- (a) WHOLE-TIME STAFF.
 - Senior Medical Officer; 2 Senior Assistant Medical Officers (1 for Child Guidance Work); 19 School Medical Officers (1); 1 Senior Dental Officer; 13 School Dental Officers (2); 1 Supervisor of Nurses; 74 Nurses (including 2 temporary nurses at scabies baths centres and 7 employed as cleanliness inspectresses) (3); 34 Clerks; 15 Dental Attendants.
 - (1) Dr. A. Anderson died on 22-12-48. Dr. James T. G. Ewan was appointed Senior Medical Officer on 4-3-49. Dr. Catriona Sinclair was appointed Senior Assistant Medical Officer on 4-3-49. Dr. George A. Mills was appointed temporary Assistant Medical Officer on 1-12-48 and Dr. George T. Donald Assistant Medical Officer on 6-12-48.
 - (2) Miss Mary S. S. Muirie resigned on 28-7-49. Mrs. Lily T. Milnes was appointed Assistant Dental Officer on 13-12-48 and Mr. William A. W. Houe temporary Assistant Dental Officer on 2-5-49.
 - (3) In the course of the session 7 nurses (including 2 temporary nurses) resigned and 9 nurses (including 1 temporary) were appointed.
- (b) PART-TIME STAFF.

4 Dentists (1); 8 Consultants (2).

- (1) Mrs. Margaret Hart and Dr. Harry Michaelson were appointed on 31-1-49 and 11-4-49 respectively.
- (2) Engaged on school health work by arrangement with the Western Regional Hospital Board (4 Aurists, 1 Dermatologist, 1 Oculist, 1 Heart Specialist, 1 Orthopaedic Surgeon).

Separate arrangements were made with the local Executive Councils for local doctors and dentists to undertake emergency duties at the residential schools and also at Mossbank Approved School.

Of the total of 9,997 periods (half-days) worked by the Medical Officers, 8,736 were devoted to the normal work of Medical Inspection and Treatment and 1,261 periods were devoted to other work as follows :—Junior Club and School Camp examinations, 273; Holidays Abroad, 22; Harvesters' examinations, 148; Diphtheria Immunisation, 478; relief duties in other sections of the Health Department, 99; and 241 periods at General Inspection of Schools.

Of the total of 6,665 working periods, the Dental Officers devoted 6,453 periods to the normal work of Dental Inspection and Treatment, and 212 periods to relief duties at hospitals and in the Ante-natal section.

Included in the working periods shown above is the time spent on administrative duties by the Senior Medical Officer, the Senior Assistant Medical Officer and the Senior Dental Officer, as well as the half-days allocated to staff meetings.

2.-GENERAL STATISTICS.

Population of the Department		timated					,110,000
Number	of Schools						,,
<i>(a)</i>	Primary	•••	•••	• • •	154		
(b)	Junior Seco	ondary		•••	49		
(c)	Senior Seco	ondary	• • •	• • •	28		
(<i>d</i>)	Schools for	Handid	capped	Chil-			
	dren	* * *	•••	• • •	22		
(<i>e</i>)	Approved S	Schools		•••	1		
(<i>f</i>)	Residential	School	S	•••	10		
(g)	Nursery Sci	hools		• • •	36		
(h)	Hospital Sc	hools	• • •	* * *	4		
(<i>i</i>)	Agricultural	l Schoo	ls		1		
(j)	Gardening S	Schools		• • •	1		
	Total Schoo Author	ls under rity			306		
(k)	Schools in ro under medi				4	310	
Average	number of c	hildren	on reg	gister	* * *		
	number of c					154,306	(88 [.] 5%)

3.-SANITARY CONDITION OF SCHOOLS.

During the session, School Medical Officers made 235 visits to schools for the purpose of general inspection of the premises. They discussed with Head Teachers and class teachers the general wellbeing of the pupils and gave advice in particular cases. Of 182 schools inspected, 19 were found to be satisfactory, and in the remainder some of the defects observed were as shown in tabular form below. These matters were reported to the appropriate section of the Education Department for consideration and, if practicable, necessary action.

Unsatisfactory heating		1
Unsatisfactory lighting		7
Unsatisfactory ventilation	•••	1
Washing facilities—inadequate		22
no hot water		13
Drinking fountains—broken or inadequate		9
Lavatories—inadequate		29
bad		7
in need of repair		10
Playgrounds—inadequate		6
dangerous		6
unsatisfactory surfacing		15
unsheltered		10
Air-raid shelters still to be removed	•••	10
Classroom desks—in need of repair		7
Cloakrooms—none		20
inadequate		13
Staffrooms—inadequate		16
Medical Inspection room—none		3
unsatisfactory		29
Requiring re-painting		5

The following information concerning some of the work wholly completed during the year which ended on 31st July, 1949 has been supplied by the Property Section of the Education Department.

Heating. Boilers, new heaters, installations, additions and repairs.

Lighting and ventilation. Fluorescent and electrical installations, air extractors and fume chambers, alterations to windows and roof lights.

Washing facilities. Bathrooms, wash-hand basins, sinks and tubs, foot-baths, hot water to pupils' basins, staff rooms, etc., re-erection of spray bath facilities.

Water supply. Drinking fountains, installation of water supplies, mains, storage tanks, purification plant, re-lining storage cisterns.

Lavatories. Replacement of trough type by modern water closets, renewals and repairs to latrines.

(It is hoped that it will be possible to replace all trough type latrines in the near future.)

Playgrounds. Provision of and repairs to playgrounds, footpaths and playsheds, demolition of A.R.P. shelters.

New accommodation. Dining halls, cloak rooms, class and staff rooms.

Floors and stairs. Repairs to flooring of classrooms and stairs, sanding of gymnasium and hall floors, linoleum for housewifery sections and for gymnasia.

Roof, walls and ceilings. Repairs to roofs, chimneys, gutters, walls and ceilings.

In addition to the foregoing, an amount of refurnishing (including the supply of new desks) was proceeded with during the period, and there were some extensions and considerable maintenance repairs to property. Extensive alterations and additions were made to several Residential Schools, Nursery Schools were supplied with linoleum in many instances, and various other improvements were also effected at nurseries and clinics.

Additional schools have been planned and sites for them reserved in the new housing areas; and for expedience temporary buildings have been erected to ease the pressure on existing accommodation.

4 .- ORGANISATION AND ADMINISTRATION.

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

The staff who operated the scheme is detailed on page 8. School Medical Officers and Dental Officers were each allocated to a group of schools and clinics in a specific area and were responsible, as far as possible, for the medical inspection and treatment in their respective areas. Part-time specialists allocated by the Hospital Board operated from central clinics. Local medical officers and dentists, by arrangement with the various Executive Councils, undertook emergency treatment for the children in residential and approved schools. Arrangements in connection with nursery schools will be found on page 82.

INSPECTION.

The scheme of inspection in Session 1948-49 was carried out mainly on the lines suggested by the Department of Health for Scotland and was as shown below. The numbers inspected will be found in the body of the Report.

- I. SYSTEMATIC (" ROUTINE ") Medical Inspection.
 - (a) Children in the Infant Department who had not hitherto been medically examined ("Entrants—Infants").
 - (b) Children born in 1935 ("Leavers").
 - (c) Children born in 1939 ("Intermediates").
 - (d) Children born in 1932 ("Secondary pupils").
 - (e) Children born in 1941 (Vision and hearing only).

Groups (a), (b), (c) and (d) were presented in the order stated above. On the whole, the inspection of each routine age-group was completed throughout the City before proceeding to the next group. Examination of the children in group (e) was undertaken by Nurses, who made their own arrangements with Head Teachers.

- II. NON-ROUTINE Inspection.
 - (a) Pupils outwith the groups already named were specially presented at any inspection on account of disease or defect observed by the Teacher.
 - (b) Pupils approaching "fixed dates" for leaving school were presented for "Leaving Interviews."
- III. Inspection of ABNORMALS.
 - Pupils found at previous inspection to be suffering from disease or defect were presented for re-examination at intervals determined by the School Medical Officers.

Routine Medical Inspection was also provided in schools and classes for physically and mentally handicapped children. The groups examined were "entrants" and other children not previously examined, "intermediates" and "leavers" (approaching 15 or 16 years of age). In addition, *physically handicapped* pupils were specially examined (a) in June and December with a view to fitness for ordinary school, (b) on approaching 12 years of age as to fitness for secondary education, and (c) at intervals before leaving with regard to fitness to enter employment. *Mentally handicapped* pupils were examined (a) biennially as to fitness to attend ordinary school and (b) at intervals as required and before leaving by the visiting Psychiatrist.

Arrangements were also made throughout the Session for Cleanliness and Dental Inspection of children, General Inspection of Schools, Diphtheria Immunisation, and Mass Radiography of pupils (generally of 13 years of age and over) whenever the unit was available.

TREATMENT.

The list of the clinics and the medical services provided are shown in the following table :—

CLINIC			Skin, Eye, Ear and other minor diseases	Refraction	Dental	X-Ray (Skin treatment)	Ultra-violet	Orthopaedic	Scabies Baths
18 Plean Street, W.4			1	1	1				
4 Sandy Road, W.1			1	1	1				
130 William Street, C.3			1	ī	1	1	1		
60 Avenuepark Street, N.W.			1 i	ī	ī		_		
Henderson Street School, N.W.			1						
Albany School, 44 Ashley Stree	t. C.3							1	
Dobbie's Loan School, C.4			1]				
91 Denmark Street, N			1	1	1				
Hyde Park School, 70 Mollinsburn	Street.	N.	i	1	1				
15 Glenbarr Street, N			i	1	2		1	1	1
155 Crail Street, E.1			i	1	$\overline{2}$				
Calton School, 18 Dornoch Stree	et. S.E		1	i	ĩ				
10 Redan Street, S.E					1				
Rumford Street School, S.E.			1	1					
Calder Street School, S.2					1				
26 Florence Street, C.5			1	1	ī		1	1	1
20 Harriet Street, S.3			ı î l	i	i				
29 Govan Road, S.W.1			1	î l	î l				transfer th
Broomloan Road School, S.W.1			1 I						
Fairfield School, Fairfield Street	S.W.	1			1				
,	,								

William Street Scabies Clinic discontinued, 1-9-48.

Eastpark Dental Clinic transferred to Avenuepark Street, 7-9-48.

Wellshot Dental Clinic transferred to Crail Street, where a second surgery was opened, 7-5-49.

Heather Street Scabies Clinic discontinued and closed 1-9-48.

Glenbarr Street second Dental Surgery opened, 1-5-49.

Additional medical facilities were available for school children in hospitals administered by the Western Regional Hospital Board. Arrangements for tonsils and adenoids operations were made with the Western District, Stobhill, Southern General and Mearnskirk Hospitals. Various hospitals provided facilities for x-ray examinations and for operative and other treatment of children referred from the school clinics for ear disease. A specialist from Stobhill Hospital attended several school clinics to give advice on heart cases, and facilities for diagnosis and treatment were made available at the hospital. The Orthopaedic Consultant from Mearnskirk Hospital visited the three orthopaedic clinics to give advice and undertook the operative treatment of a number of cases in the hospital.

All treatment at the clinics was provided free of charge, an application signed by the parent being necessary in all cases.

B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

From the beginning of the session, a new system of dental inspection and treatment was put into operation, incorporating a modification of the comprehensive scheme which the Secretary of State has from time to time urged local authorities to make their aim. The scheme adopted here was briefly as follows :---

- (1) Routine Dental Inspection and Treatment.
 - (a) Children in a small number of selected schools were systematically examined and those with dental defect were offered complete treatment at a school clinic. Only the 5, 6 and 7-year-old age groups were dealt with at first, but from January, 1949, all children, irrespective of age, in these particular schools were included in the scheme. The same children will be examined in subsequent years. Forenoons at the dental clinics were devoted entirely to the treatment of this class of patient.
 - (b) Pupils in all other schools were allocated to the afternoon sessions at the clinics.
- (2) Emergency Dental Treatment.
 - As an experiment, a special emergency clinic was opened in May, 1949, and was held every afternoon at Glenbarr Street Clinic for the purpose of treating "toothache" cases without previous appointment and so relieving the pressure on the ordinary clinics.

- (3) Orthodontic Treatment.
 - (a) The orthodontic unit which was opened in August, 1947, was able to undertake more work.
 - (b) By arrangement, some of the school children in need of orthodontic treatment were summoned to attend the Glasgow Dental Hospital. This scheme commenced on 1st November, 1948.
- (4) X-Ray Unit.
 - An X-Ray Unit was established in April, 1949, to make available to Dental Officers an immediate radiographic diagnosis.

Details of the year's work, including extracts from the Report of the Senior Dental Officer, are given on pages 41 and 76, and the staff is shown on page 8.

C. SCHOOL NURSING AND ARRANGEMENTS FOR FOLLOWING UP.

The staff of school nurses and dental attendants is detailed on page 8. They assist the medical and dental officers at inspection in the schools and also with the treatment at the clinics under the direction of the school medical officers, dental officers and consultants. The nurses visit the homes of the children in order to obtain the attendance of children at the clinics. Otherwise the following up is largely a matter of postal communication from the central office supported by visitation by nurses, attendance officers, and by the special officers of the School Welfare section in difficult cases.

In 15 schools for physically and mentally handicapped children, a nurse is in attendance mainly for the treatment and care of the physically handicapped children, thus obviating the need for these children to attend school clinics.

A staff of nurses is employed partly on the cleanliness inspection of children in schools, and partly on the testing of visual acuity and hearing of children aged approximately 7 years.

The "nursing" staff, including supervisor, temporary nurses (including those at scabies bath centres and cleanliness inspectresses) and dental attendants, devoted 40,072 working periods (half-day) to the work of medical inspection and treatment of children (including home visiting), 443 periods to examinations in connection with junior club and school camps and harvesting, and 478 periods to diphtheria immunisation—total periods, 40,993. Home and other visits numbered 1,646, and nurse inspectresses from the Sanitary Divisions also visited the homes in connection with cases of uncleanliness discovered in the schools.

D. CO-ORDINATION WITH THE PUBLIC HEALTH SERVICE AND WITH OTHER DEPARTMENTS OF THE AUTHORITY WHICH RENDER SERVICES TO CHILDREN.

HEALTH AND WELFARE DEPARTMENT.

Information regarding cases of *Infectious Disease* and contacts is intimated to the Education Health Service by the Divisional organisations. Particulars of children excluded from school on account of infectious diseases and those " cleared " are forwarded to the appropriate sections of the Education Department.

Names of children who have been in *contact with cases of Pulmonary Tuberculosis* in their homes are received from the Tuberculosis Sections and these children are summoned to school clinics for observation, supervision and any necessary treatment. When any unsatisfactory symptoms arise, such children are referred back to the District Tuberculosis Officer.

Several clinics are used jointly by the Child Welfare and Education Health sections and co-ordination is facilitated by having different branches of the Health Service in the same building. *Pre-school* children, including those from Day Nurseries, are frequently referred by the Child Welfare Medical Officers to the various school clinics for advice and treatment.

Nurse Inspectresses visit certain schools for the purpose of inspecting children regarding cleanliness; in many cases they also visit the homes.

The *Central Clinic for the Blind* is available for children and adults alike, and blind school children are referred there for certification under the Blind Persons Act, 1920.

A number of standing clinics for *Diphtheria Immunisation* under the auspices of the Child Welfare section are available for children of school age and under. Assistance is given by members of the Education Health Service staff weekly. (See Appendix X, page 86 for details of the annual campaign.) Co-operation is maintained with the *Mental Services Department* in the ascertainment and certification of mental defectives. For this purpose, members of the Education Health Service medical staff attend at 266 George Street on every Saturday throughout the year and give extra sessions during the summer vacation. In addition some Court cases are examined and visits for investigation of mental defect in children and adults made to the homes of those unable to travel to a centre, and also to prisons, hostels and institutions. The approximate numbers examined during the session were—

Cases seen at Welfare 1	Departmen	t office	220
Attendances at Sheriff	Court		10
Home, etc., Visits	••• •••		250

The Senior Assistant Medical Officers of the Education Health Service give lectures to nurses studying for the *Health Visitor's Certificate*, and the students visit schools and school clinics.

Dental treatment is available at special clinics administered by the Education Health Service for women and for children under school age referred by the Child Welfare Medical Officers.

CHILDREN'S DEPARTMENT.

Since the establishment of the Children's Department in August, 1948, close co-operation has been maintained. At the request of the Children's Officer some 20 children under his supervision have been examined regarding their mental condition and appropriate action advised.

EDUCATION DEPARTMENT.

School Medical Officers visit the Nursery Schools periodically for the purpose of Routine Medical Inspection of the children. School clinics are available for treatment of any children with defects. (See Appendix VII, page 82 for full details of the work done during the year.)

Arrangements are made for the examination of children proceeding to *Residential Schools* and these schools are visited in order to assess fitness for return to schools in Glasgow.

Children are examined twice before proceeding to Holiday and Residential Camps; details for the year will be found on page 71. During the summer of 1949, the Senior Medical Officer and the Senior Assistant Medical Officer visited several of the camps and reported on the hygiene and other living conditions. Older boys proceeding to Moray Sea School were also examined before departure. Children volunteering for *potato harvesting* are examined twice before proceeding to camps; details of inspections are given on page 71. The Senior Medical Officer visited most of these camps, in company with Education Committee members and Education Department officials.

Arrangements have been made to examine all applicants for positions in the *School Meals Kitchens* with regard to their fitness to undertake this employment, and it is hoped to extend this scheme in the near future to include all employees in this service. Prior to the medical examination by the School Medical Officers, x-ray reports will be obtained from the Mass Radiography Unit.

Other *adult employees* of the Education Department are frequently referred to the Education Health Service for medical examination and advice as to their fitness to resume their occupation.

Special Officers of the School Attendance and School Welfare sections investigate cases of neglect in connection with all the Minor Disease clinics, refraction and provision of spectacles, and report back to the Education Health Service.

Children who have been excluded from school for some time and children on the *Suspense Roll* are frequently examined at the request of the School Attendance Department, and private medical practitioners are informed of the special facilities available under the Education Health Service for treatment of long-standing defects.

Other special examinations made by the School Medical Officers are—children applying for Employment Licences, persistent truants appearing before the School Management Committees, and certain Juvenile Court cases. The supervision of the health of the inmates of the Remand Home is undertaken by the School Medical Officers, entailing daily visitation (see page 85).

Children reported as *Mentally or Physically Handicapped* are examined by the School Medical Officers before admission to and discharge from the special schools. School Medical Officers report on the suitability for occupational training of ineducable children. Pupils recommended for Home Tuition are examined by the School Medical Officers before inclusion in the scheme and at intervals thereafter. During a week in the month of June, a doctor and a nurse were in attendance each day at the Entertainment to Handicapped Children at Loch Lomond (Balloch Park). (See pages 44 and 51 for details of the various examinations.) The Senior Medical Officer gives lectures on Orthopaedics to Physical Training instructors at Jordanhill Training College and practical training is given at both Ashley Street and Florence Street clinics. Physiotherapists on the staff of the Education Department are employed at the Orthopaedic Clinics for the treatment of children referred by the School Medical Officers and by the Orthopaedic Surgeon.

Students attending the Pre-nursing College and Nursery Nurse students were medically examined during the session. This service will be extended to include students in Pre-vocational Courses for commerce, building and engineering next session. The Mass Radiography Unit co-operates here also.

E. CO-OPERATION WITH OTHER OUTSIDE AGENCIES.

DEPARTMENT OF HEALTH FOR SCOTLAND.

From time to time requests are made for information, particularly in connection with the various sub-committees of the Department. In 1948 details for a report on Monocular Blindness among school children were collected by the Education Health Service. (See Report for 1948, page 74.)

UNIVERSITY OF GLASGOW.

Throughout the year the Education Health Service co-operated in the arrangement of the curriculum for the students in classes for the *Diploma in Public Health*. During the session, 20 students visited various schools and clinics.

The 18 students who took the *Post-Graduate Course in Mental Deficiency for Medical Officers* gained their practical experience in the child guidance clinics, special schools and occupational centres. Four lecture-demonstrations were given, a visit organised to a special school and an occupational centre, and practice in intelligence testing arranged.

WESTERN REGIONAL HOSPITAL BOARD.

Specialists are allocated by the Board to certain school clinics, notably for cardiac, orthopaedic, ear, nose and throat, skin and eye cases. These consultants, who were formerly remunerated by the Corporation, undertook the duties detailed below.

(1) A *Cardiac Specialist* from Stobhill Hospital attends certain clinics to which are referred for advice all children suffering from heart complaints. The children are kept under supervision and are admitted to hospital if necessary, and by arrangement with the Physical Training section of the Education Department they are graded for physical exercises. (See page 40.)

(2) An Orthopaedic Surgeon from Mearnskirk Hospital pays regular visits to Education Health Service clinics to advise on the treatment of cases referred by the School Medical Officers. Some of the cases are admitted to Mearnskirk, whilst others are given treatment by physiotherapists at orthopaedic and child guidance clinics and at special schools. (See page 36.)

(3) Aurists regularly examine cases referred by the School Medical Officers for advice. Most of these are recommended for hospital treatment including the removal of tonsils and adenoids. In addition, an aurist classifies children with hearing defects and assesses their ability to take advantage of the educational facilities available, including schools for the deaf and classes for the semi-deaf. Children in need of *hearing aids* are referred to the Ear, Nose and Throat Hospital on recommendation by the specialists. (See page 29.)

(4) A *Dermatologist* attends weekly at a central clinic, principally for the x-ray treatment of ringworm. School Medical Officers also consult him in connection with special skin conditions. (See page 32.)

(5) An *Ophthalmologist* is available to advise on any difficult cases in connection with the School Eye Service which was instituted during the period under review. Details of the scheme are given on page 32.

Artificial limbs, special boots, and other appliances (which were previously supplied through Corporation contractors) are now, since July, 1948, supplied to school children through the hospitals.

The Mass Radiography Unit, transferred to the hospital organisation in July, 1948, undertakes the examination of school children at intervals. (See page 84.)

The Infectious Diseases Hospitals refer school children to clinics for examination and after-care. During the year, 185 pupils were reported and of these, 29 failed to appear or intimated that they were receiving private treatment, 13 were found to be requiring no further attention and 24 were dealt with at the "general" school clinics. The remaining 119 were referred for special forms of treatment, including courses of artificial light therapy in 107 cases. Almoners of the various Glasgow institutions frequently forward recommendations for the admission of children to holiday homes. Biggart Memorial Home is now under the administration of the Board of Management for Southern Ayrshire Hospitals, and about 40 beds are allocated for Glasgow children.

NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL.

As mentioned on page 33, the list of *prescriptions for the supply* of spectacles ordered from the contractors is sent to the Executive Council to obviate possible duplication of supply.

Prescriptions for special medicines were formerly dispensed at the Outdoor Medical Service clinics of the Public Health Department. Since the discontinuance of these clinics in July, 1948, the prescriptions are dispensed by local chemists and subsequently priced by the Clerk to the Drug Committee of the Executive Council. The cost of medicines is still chargeable to the Corporation, under the Education (Scotland) Act, 1946.

VOLUNTARY ORGANISATIONS.

The Scottish Council for the Care of Spastics opened a residential school in Edinburgh for the treatment of spastic cases during the year. Glasgow was allocated six beds and up to the end of the session four children had been admitted. (See page 46.)

Arrangements were made with the *Glasgow Dental Hospital* for the attendance there of a number of children requiring orthodontic treatment. (See page 42 for further information.)

Other organisations for which children were medically examined were (1) the *British Sailors' Society*, for whom the children of merchant seamen were examined before they went to the society's residential home, and (2) the *Invalid Children's Aid Association* for whom pupils going to the Children's Village, Humbie were examined.

An increasing number of private medical practitioners make use of the Education Health Service for patients requiring holidays, artificial light treatment, x-ray treatment of ringworm and other special treatment. The Education Health Service sends representatives to the following voluntary organisations :---

National Special Schools Union, West of Scotland Branch. Scottish Association for Mental Hygiene. Scottish Council for Research in Education. Invalid Children's Aid Association. Continuing Committee of the Conference on Health Education in Schools.

F. CO-OPERATION WITH TEACHERS AND PARENTS, WITH SPECIAL REFERENCE TO THE ATTENDANCE OF PARENTS AT INSPECTION.

As in former years the co-operation of the teaching staff during the session facilitated not only the work of routine medical inspection but the carrying out of the various other schemes of which details are given elsewhere in this Report. The help afforded in the Diphtheria Immunisation campaign merits special mention (see page 86).

For some years past the attendance of parents at the systematic inspection of their children has been gradually declining. In the period under review, the percentage of attendance by parents fell to 61.8, the lowest ever recorded in these Reports. This is a situation which is to be deplored because the presence of a responsible adult, especially where younger children are involved, is of value to all concerned. In an informal atmosphere, the School Medical Officer may obtain at first hand the medical history of the child, and is enabled to discuss with the parent any matters affecting the health and well-being of the child.

Many lectures bearing on the health of school children were given by School Medical Officers during the session to parents', teachers' and other organisations.

5.---THE FINDINGS OF MEDICAL INSPECTION.

GENERAL REVIEW.

(Detailed statistics on pages 51 to 69).

In Table I, pages 51 to 52, details of the numbers of children examined during the academic year which ended on 31st July, 1949 are shown under the various categories, and compared with the records of the years 1948 and 1947 respectively. During the 1949 session, 49,466 pupils attending "ordinary" schools were systematically examined, and this number—the highest noted in these Reports since 1938 with the exception of the year 1942—included the medical statistics of 1,244 pupils from the Boys' High, Allan Glen's, Hutchesons' Boys' and Girls', Jordanhill College and St. Aloysius' College schools, details which previously were incomplete or unavailable. In the same period, 1,439 children were examined at schools for the handicapped, a total not exceeded in any year since 1939.

Other systematic inspections were (1) testing of vision and hearing of children born in 1941 and (2) routine medical examination of nursery school pupils. Particulars of both will be found in Appendices IIb and VII on pages 64 and 82.

A considerable increase compared with 1948 in the total of Other Examinations was mainly due to cleanliness inspections by nurses (20,000 increase) and to the larger numbers of children inspected by School Medical Officers in connection with camps, holidays abroad and residential school admissions. "Leaving Interviews" and examination of "abnormals" were also more numerous but fewer "non-routines" and 7-year-olds were seen.

Appendix Ia, page 53, gives the numbers and percentages of pupils in the various age-groups who were notified to parents as requiring treatment for defects observed at the routine medical inspection. Further information as regards notification to parents is noted in Appendix IIa, page 62. The age distribution of children at the date of routine inspection is shown in Appendix Ib, page 54.

Set out in Table II, page 56, are the numbers and percentages of children who at routine medical inspection were observed to be suffering from specific defects. A further deterioration in cleanliness extending over the past two years was noted by School Medical Officers, the 1949 percentages showing a slight worsening of the position. In this connection, similar results (page 72) were obtained by Nurse Inspectresses but the records of the Cleanliness Inspectresses, who visit schools in the less salubrious areas, showed a fall from the 1948 level but not below that of 1947. With regard to the other listed ailments, however, a remarkable improvement was noted, the lowest percentage for many years being recorded in each instance. The following summary of individual defects brings out the main features.

Unsatisfactory clothing and footgear was discovered less frequently than for some years and the percentage $(o \cdot 2)$ which was the same as recorded in 1948 has never been bettered in these Reports.

Skin conditions exhibited the lowest percentage since 1939. The decline in the incidence of scabies is the most notable example of improvement in this particular group.

Defective nutrition and mouth and teeth unhealthy showed the smallest percentages for many years, but accurate assessment of these conditions is difficult; naso-pharyngeal defects were also the lowest for some time, although the number of tonsillar operations recommended was the highest since 1943.

External eye diseases returned the smallest total percentage for many years; and *defective vision*, despite a small increase of "bad" (6/18 or worse) cases over the 1948 and 1947 figures, gave the best total percentage since 1939.

Ear diseases, defective hearing, speech defects and mental and nervous conditions, none of which have ever been numerous, also showed improvement to an extent unprecedented in these Reports.

Diseases of the circulatory system, which have declined gradually over a period of years, sank to a record low percentage level, the greatest improvement being noted in "functional conditions."

Lung diseases also reached the lowest total percentage for many years, the improved figures for catarrh being mainly responsible.

Deformities were also the lowest for years, a feature being the reduced numbers for "probable rickets"; *infectious discases*, never many, had the smallest percentage yet recorded, whilst other discases or defects were observed to be fewer than at any time since 1939.

Additional information compiled from the records of routine inspection will be found in Appendix IIa, page 62. The percentage of parents who attended at the examination of their children was the lowest recorded for many years. Fewer parents were notified of conditions requiring treatment but printed notices for defects of clothing and/or cleanliness and minor dental defects were more frequently issued. Pupils noted for re-inspection by School Medical Officers were the fewest for some years, and the number excluded from school on account of illness was the smallest appearing in these Reports. Children with no recorded defect attained the highest percentage ever recorded, and the number with "sound" teeth was also the highest ever reported. Visual acuity reached a new "high " for "good" eyesight in children without glasses, but in those wearing glasses "good" vision was slightly lower in percentage than in 1948 but equalled the 1947 figure which had been the previous best. Satisfactory percentages of pupils were found to have complete immunisation against diphtheria, the over-all total being the highest ever recorded in the table.

In Appendix IIb (page 64) full details of the partial examination of children in the 1941 age-group are given and compared with results obtained in 1948. The findings were similar on the whole.

On pages 65 to 67 (Appendix IIc) the average physical measurements of school children are shown. Boys exhibited increase at all ages but the girls although not so consistent showed improvement over previous years.

Table III on page 68, which lists the children according to the remediability of the major defects observed at the routine inspection, gave a percentage of $66 \cdot g$ free from defects (other than clothing, cleanliness or minor dental defects), which was the highest recorded in this table since its introduction in 1939. As already indicated in connection with Appendix IIa, the percentage free from *any* defect was also the greatest.

CONCLUSION.

The improvement in the health of Glasgow school children noted in successive Reports in the past few years appears to be confirmed in the 1949 statistics. Fewest individual defects for many years, highest average physical measurements ever recorded, and the high percentage of physically sound children revealed by the classification table are in combination strong evidence in support of this belief.

6.-MEDICAL TREATMENT.

As had been anticipated (page 5, 1948 Report), the establishment of the National Health Service scheme apparently affected treatment at school clinics. Compared with the year 1948, fewer new cases reported for treatment and consequently fewer total attendances were recorded during the year ended 31st July, 1949. The year 1948 was, however, remarkable for its high treatment figures which reached greater proportions than for some years previously, probably as it was the first full year in which all obstacles to free treatment had been removed. It is worthy of note that the 1949 figures, although generally below those of 1948, compare favourably with previous years and in many instances exceed the numbers registered in these earlier school sessions.

Cuts, bruises, burns and other minor injuries (page 28) differed very slightly from the 1948 total but were more numerous than in any other year since 1939.

New *ear* cases (page 29), although fewer than those treated in 1948, were practically similar in number to those of 1947 and totalled more than in any other year since 1939. More children were recommended by specialists for operative or other treatment than in any year since 1939, and more were classified according to the degree of deafness since the services of an aurist were obtained for this purpose in 1945. Details of x-ray examinations are given for the first time in these pages and references are made to the provision of hearing aids and the results of the 1949 Audiometric Survey.

A slight fall in the number of cases treated for *eyc disease* (page 31) was noted, but the 1949 figures were higher than for any other year since 1939.

New cases of *skin disease* (page 31) fell by nearly 35 per cent. from the 1948 level, and were also about 28 per cent. below that of 1947; they were also the lowest figures since 1941. Scabies and impetigo had, of course, been falling for some years, and this tendency was expected to continue into 1949—the former disease had been falling steadily from the peak of 17,393 cases in the year 1943. Treatment of *defective vision* was curtailed for reasons given on page 32. It is considered possible that, but for the changed circumstances during the year, the number of spectacles supplied in 1949 would have exceeded the previous record figure of 1948.

A considerable increase in the number of *operations* for ear, nose and throat defects (page 35) was possible with the addition of Mearnskirk Hospital in October, 1948 to the list of institutions performing this work, and because the previous restrictions due to the infantile paralysis outbreak had been entirely removed. More operations were performed during 1949 than in any of the past 11 years.

More orthopaedic cases (page 36) were dealt with during the period than in any previous year and the number discharged "fit" was the largest ever recorded in these Reports. The average of 19 attendances per patient in 1949 compared with 21 and 23 in 1948 and 1947 respectively—and with 34 in the year 1939—indicates a progressive response to treatment.

The position as regards "general" diseases (page 39) was similar to that of skin diseases already stated. New cases were fewer by 30 per cent. than in 1948 and by 18 per cent. than in 1947; they were the lowest numbers recorded since 1942. A coincident fall in the supply of *medicines* may be noted. *Artificial light* treatment was given in fewer instances than in 1948, but the 1949 figures were superior to all other previous years. The specialist examined more cases at the *cardiac clinics* during the year than he saw during any previous year.

SUMMARY.

It is difficult to form an opinion based on the treatment figures for the 1949 session, because the altered circumstances arising from the existence of a National Health Service make the records of former years incomparable in many respects. No doubt many potential patients for the Education Health Service clinics were taken by parents to their private doctor and either treated by him or sent to the outpatient departments of city institutions. Inquiries and requests from general practitioners and various hospitals appear to confirm this, and some of the children have been referred subsequently to school clinics. The pressure on Glasgow doctors and institutions could be alleviated if the comprehensive facilities for medical supervision and treatment of school children through the Education Health Service were more widely known.

(A) MINOR AILMENTS.

Throughout the treatment tables, "Single visit cases" includes those treated and disposed of at first visit, cases not for treatment, and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC.

Details of new cases		1949.		1948.	1947.
	Boys.	Girls.	Totals.	Totals.	Totals.
Cuts, bruises, sprains, etc.	1,751	797	2,548	2,531	2,075
Burns and scalds	207	168	375	443	286
Totals	1,958	965	2,923	2,974	2,361

The attendances are included with those for skin conditions (page 31).

(2a) DISEASES OF THE EAR.

Examined only.

	Boys.	Girls.	Totals.	Totals.	Totals.
Recommended operation for tonsils and/or adenoids	253	266	519	561	465
Other operations recommended	3	1	-4	3	1
Referred to Hospitals	2	1	3	1	
Single visit cases	643	539	1,182	1,506	1,005
Totals	901	807	1.708	2,071	1,471
200000			1,700		A

Details of new cases	Down	1949. Girls	7 1 .	1948.	1947.
Chronic suppurative inflamma-	Boys.	Girls.	Totals.	Totals.	Totals.
tion (otorrhoea)—Single	298	227	525	724	571
Double	94	63	157	163	140
Results of above disease	26	13	39	117	68
Retracted membrane	19	21	40	40	35
Chronic aural catarrh		—		3	1
Ceruminous collection (wax)	130	134	264	317	233
Nasal catarrh	30	24	54	67	37
Laryngitis		2	2	4	4
Polypus		I	I	1	5
Other diseases	81	50	131	179	131
	678	535	1,213	1,615	1,225
Cases from previous session	667	504	1,171	955	937
	1,345	1,039	2,384	2,570	2,162
Clinic attendances of above cases :	33,035	23,983	57,018	57,721	51,699

Examinations by Specialists.

Treated at clinics.

In addition to the foregoing, aurists examined and recommended treatment of a number of cases, details of which are as under :---

	Boys.	1949. Girls.	Totals.	1948. Totals.	1947. Totals.
Recommended operation for tonsils and/or adenoids	76	57	133	129	103
Other operations recommended	43	32	75	27	52
Referred to Hospitals	50	32	82	81	67
For X-ray	46	40	86	73	75
Others	551	357	908	847	774
Totals	766	518	1,284	1,157	1,071

X-ray Examinations.

Cases referred by the specialists during the year for x-ray investigation are arranged below under the various headings according to defects.

STOBHILL Sinuses Mastoids Other Ear Conditions Sinuses and chest Totals	···· ··· ···	···· ··· ···	A 1 0 01	efect. Girls. 7 1 — 8	Defect Boys. 13 5 2 	found. Girls. 7 3 — 1 — 11	Tot Boys. 20 5 2 	
Southern General Sinuses Mastoids Other Ear Conditions Sinuses and Mastoids Totals		···· ···· ····	8 1 9	$9 \\ 2 \\ 1 \\ 12 \\ 12 \\ 12$	13 9 22	3 4 2 9	21 10 	12 6 2 1 21

(2b) DEFECTIVE HEARING.

As in former years, the services of an aurist were retained for the purpose of classifying children with hearing difficulties and assessing their ability to take advantage of the educational facilities available to them. A total of 75 cases (40 boys and 35 girls) was examined and classified as follows :—school for deaf, 10; semi-deaf classes or to remain therein, 11; ordinary school or to remain therein, 29.

Hospital treatment was advised for 5 children, 6 were referred to a psychologist or psychiatrist, x-ray investigation was requested in 7 instances and 9 cases were recommended other forms of treatment at school clinics.

Hearing aids were recommended for 6 cases, who were referred to the Hearing Aid Clinic at the Ear, Nose and Throat Hospital. In one of these cases (a girl), the official government hearing aid was found to be unsuitable, and another type of instrument was supplied by the Corporation.

Audiometric Survey.

As a result of the survey of school children aged 10 years made by the Education Department during the year, 803 children have been referred for otological examination. Ear specialists allocated for this purpose by the Hospital Board will examine at school clinics, advise on treatment, and grade the cases according to the severity of deafness. Full details of the aurists' findings and the treatment given will appear in the 1950 Education Health Service Report.

(3) DISEASES OF THE EYE, EXCLUDING DEFECTIVE VISION.

Hordeolum (stye) Conjunctivitis, catarrhal Conjunctivitis, muco-purulent	Boys 32 177 35	l 290 7 223 1 354	Totals. 611 400 705 9	1948. Totals. 716 396 727 22	1947. Totals. 640 217 521 9
Ophthalmia, strumous (includ phlyctenular conjunctivit	es is				
	—			<u> </u>	
		-	4	6	7
	33	3 40	73	67	65
	—	- 1	1		
Dacryocystitis	—	- 1	1	1	1
Epiphora	—				
Injuries	66	; 11	77	44	37
Other diseases	28	3 21	49	41	19
Single visit cases	93		196	200	176
	1,076	1,050	2,126	2,220	1,692
Cases from previous session .	147	133	280	293	247
Totals	. 1,223	1,183	2,406	2,513	1,939
Clinic attendances of above cases .	12,133	10,426	22,559	23,360	19,542

(4a) DISEASES OF THE SKIN, EXCLUDING RINGWORM AND FAVUS.

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Details of new cases—		1949.		1948.	1947.
	Boys.	Girls.	Totals.	Totals.	Totals.
Scabies	383	368	751	1,975	3,307
Pediculosis capitis	1	6	7	16	7
Impetigo contagiosa	1,688	912	2,600	4.599	4,611
Ped. cap. and imp. cont	6	12	18	79	43
Ecthyma	44	29	73	217	166
Dermatitis seborrhoeica	215	199	414	548	335
Eczema	121	96	217	315	224
Alopecia areata	23	16	39	87	67
Psoriasis	29	32	61	85	62
Herpes zoster (shingles)	101	77	178	277	168
Lupus					
Ulcers and abscesses	2,191	1,101	3,292	4,827	2,157
Urticaria	52	77	129	221	143
Warts	187	200	387	412	213
Other skin diseases	238	245	483	638	524
Single visit cases	1,321	921	2,242	3,009	2,476
	6,600	4,291	10,891	17,305	14,503
Cases from previous session	·	406	977	886	682
					·
Totals	7,171	4,697	11,868	18,191	15,185
- Clinic attendances of above and ring-					
	65,300	43,123	108,423	138,182	115,539
Special Disinfesting Clinics-					
New cases			. 423	513	408
Attendances			COF	962	652
· · · · · · · · · · · · · · · · · · ·	* * *	••• ••	. 000	302	002

(4b) RINGWORM. Drug Treatment— Details of new cases—			Douto	1949. Girls.	Totals.	1948. Totals.	1947 Totals.
			Boys. 74	25	10tais. 99	95	168
Ringworm (head) Ringworm (body)	••••	•••	114	87	201	280	361
Totals			188	112	300	375	529

X-ray Treatment—

106 children (77 boys and 29 girls) were given x-ray treatment for ringworm of the scalp, making 106 attendances for radiation, and receiving 522 x-ray exposures (generally 5 exposures per child).

Other skin conditions were also treated by x-ray, 8 girls attending and receiving 8 exposures.

(4c) BATH TREATMENT OF SCABIES.

·		1949.		1948.	1947.
	Boys.	Girls.	Totals.	Totals.	Totals.
Cases receiving baths	368	340	708	1,841	3,047
Baths given	2,128	1.887	4.015	12,942	19,686

(B) DEFECTIVE VISION.

It has freely to be admitted that throughout the period the ophthalmic service for school children has been a grave disappointment.

The scheme which had been in operation for many years relied principally for its success upon (1) a team of School Medical Officers who specialised in refraction work, (2) a consulting oculist to whom all difficult cases were reported, and (3) a firm of opticians under contract with the Corporation to supply the spectacles prescribed. There was also a liaison with the School Attendance section for the following-up of defaulters. The whole scheme was administered from the office of the Education Health Service and a regular flow of glasses was always maintained, even during the difficult war years.

In July, 1948, however, the National Health Service (Scotland) Act, 1947 was introduced. The Corporation's contract with the firm of opticians terminated in the same month, and on the advice of the Department of Health for Scotland was not renewed, pending further instructions.

It was still the duty of the local authority to make arrangements to secure the provision of free medical treatment (including the supply of spectacles) to school children under the terms of the Education (Scotland) Act, 1946. A solution to the problem was earnestly sought —one which would retain the essentials of local authority control, including the utilisation of the experienced School Medical Officers.

An application for the inclusion of these Medical Officers on the official list of Ophthalmic Medical Practitioners (under the Supplementary Ophthalmic Services scheme) was not acceptable to the authorities; nor could any help be obtained from the Regional Hospital Board who, at this juncture, could only cater for children in need of specialist treatment. When it became evident, therefore, that an early solution was unlikely, the more urgent cases were referred to the hospital organisation, the number of refraction sessions was perforce reduced, and other school children were advised to obtain spectacles (for which they were eligible along with the general public) through the Supplementary Ophthalmic Services scheme. Many of the parents preferred to await the inauguration of a new Corporation scheme and this preference, coupled with the general delay of several months in supplies, resulted in many children going without spectacles, to the detriment of their health and education. In this connection, the "follow-up" organisation had to be abandoned, as it was farcical to investigate possible defaulters when the supply of spectacles was so unpredictable.

Ultimately, the Department of Health for Scotland, in a circular, advised Education Authorities to consult with the Local Hospital Board and to continue to make arrangements for sight-testing and the supply of spectacles at local authority expense. The Medical Officer of Health reporting to the Health and Education Committees observed that, as a result, school children would have to be either (1) dealt with by special arrangement through the school service, or (2) referred to the Supplementary Ophthalmic Services through their own family doctor. Both of these arrangements were unsatisfactory; either the local authority would have to pay for spectacles which were available without cost through the National Health Service, or the supervision of the school children's eyesight would be removed from the sphere of the Education Health Service by the inevitable closure of the refraction clinics.

The Western Regional Hospital Board eventually assumed responsibility, financial and otherwise, for this work, and entered into a contract from 1st April, 1949 with a firm of opticians for the supply and repair of spectacles, the routine refraction work in connection with which would be carried out by the Education Health Service who were to refer to the consultant for guidance and help all cases presenting difficulty. A weekly list of all prescriptions was to be sent to the Executive Council to obviate possible duplication in supplying glasses through the Supplementary Ophthalinic Services. In general, the scheme was to be carried on in much the same way as in the past, but costs would be borne by the Hospital Board. Unfortunately, difficulties regarding the supply of lenses were intimated by the contractors, and the gearing up of their organisation took some time to produce results. The Department of Health for Scotland was approached with a view to obtaining an Import Licence for lenses, and intimation was received on 2nd June, 1949 that a recommendation had been forwarded to the Board of Trade. By the end of July, 1949, therefore, although 1,461 pairs of spectacles had been ordered from the contractor, only 166 pairs had actually been received.

Below are given the figures relating to (a) the cases dealt with at refraction clinics during the school year and (b) the disposal of the cases for whom glasses were prescribed.

(a) CASES DEALT WITH AT	TIL	I IUIIOIII.	011 02.			
			1949.		1948.	1947.
		Boys.	Girls.	Totals.	Totals.	Totals.
Subjected to refraction— Spectacles prescribed Spectacles not prescribed—	•••	1,442	1,465	2,907	6,627	5,576
For further treatment				826	1,504	1,563
No treatment required	•••			597	1,201	1,271
				4,330	9,332	8,410
Not subjected to refraction-						
For further treatment	• • •		• • •	691	1,124	866
No treatment required	•••		•••	345	383	318
Spectacles checked	• • •	• • •	•••	6	1 291	51 1,378
Postponed	• • •	•••		427	1,381	1,575
				1,469	2,952	2,613
Total number dealt with at re	fract	ion clini	cs	5,799	12,284	11,023
Number of clinics held				688	1,367	1,132
Average number of children per	clini	с		8.4	8.9	9.7
Average number subjected to r clinic	efrac	tion at	each 	6.3	6.8	7.4

(a) CASES DEALT WITH AT REFRACTION CLINICS.

At the occlusion clinics 85 children were kept under observation, and although 19 of these were put off treatment, 8 were instructed to attend at hospitals for orthoptic treatment.

Approximately 5,000 children at the end of the school session were awaiting refraction distributed as follows :—New cases—1,000; "Failed to attend "—400; Re-tests—3,600.

(b) PROVISION OF SPECTACLES.

Of the 2,907 children for whom spectacles were prescribed, orders were sent to the contractors in 1,461 instances, 705 were referred to the consultant, 573 were reported to have made private arrangements, and the remaining 168 were still to be dealt with at the end of the year. It may be of interest to note that the parents of 1,056 children (72 per cent.) chose the cellulose acetate (artificial shell) type of frame, and 405 (28 per cent.) selected the gold-filled type.

Repairs were ordered from the contractors in 27 instances, 16 of which were actually supplied within the period.

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT.

In an endeavour to reduce the number on the waiting list for Tonsils and Adenoids operation, 91 boys and 208 girls whose names had been on the list for some time were summoned to clinic during the Christmas vacation. The results were :---

Number summoned	•••	* * *	•••	•••	Boys. 91	Girls. 208	Totals. 299
Attended—					<u> </u>	<u> </u>	<u> </u>
Operation urgent	•••	••••		• • •	6	17	23
Operation required	•••			•••	45	81	126
Operation not required	•••		•••	• • •	7	23	30
					<u> </u>		
					58	121	179
73.11					<u> </u>	·	
Failures							
Private operation			• • •			3	3
Reasonable excuse					9	10	19
Removed from waiting	list	(no expla	anatio	n for			
non-attendance)					24	74	98
					33	87	120
					<u> </u>		

(i) TONSILS AND ADENOIDS OPERATIONS.

	Powe	1949. Cirla	Totala	1948. Tatala	1947.
Tonsils removed—	Boys.	Girls.	Totals.	Totals.	Totals.
Western District Hospital		1	1	2	2
Mearnskirk Hospital	2		2		
Adenoids removed—					
Western District Hospital	15	6	21	10	24
Mearnskirk Hospital	26	32	58	—	
Stobhill Hospital	1		1		
Southern General Hospital		1	1	6	<u> </u>
Tonsils and Adenoids removed—					
Western District Hospital	740	731	1,471	1,065	1.449
Stobhill Hospital	41	50	91	27	176
Mearnskirk Hospital	108	210	318		
Southern General Hospital		2	2	27	19
	933	1,033	1,966	1,137	1,670
Number of operation periods			+100	160	1.0.1
	• • •	• • •	*133	108	164
Average number of cases per period	• • •		* 11	*11	*11
Clinic (including hospital) attendances	•••	•••	4,903	3,488	5,111

* These figures relate only to the Western District Hospital.

In addition to the above, 35 children were admitted to hospital— 28 to Mearnskirk and 7 to Western District Hospital—during the year. Of these, 10 children (all girls) from Mearnskirk and 7 (3 boys and 4 girls) from Western District Hospital were discharged without operation for various reasons, mostly medical; the remainder (10 boys and 8 girls) were awaiting operation in Mearnskirk Hospital at 31st July, 1949.

Other operations were performed on children receiving tonsils and adenoids operation; these were mainly antrostomy. During the session, children were detained in hospital for varying periods before and after operation, for medical reasons in most cases.

All children were instructed to report to the school clinic two weeks after dismissal from hospital for post-operative examination.

The number of cases on the waiting list at 31st July, 1949 was approximately 350 boys and 600 girls, a total of 950.

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS.

Children to the number of 22 were operated on for other ear, nose and throat conditions at Stobhill, Southern General and Mearnskirk Hospitals. In 10 cases mastoidectomy was undertaken; other ear (6) and nasal (6) conditions were also dealt with. Some of these children underwent operation for more than one defect.

The number of cases awaiting operational treatment in hospital at 31st July, 1949, was 78 boys and 49 girls, a total of 127.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) DEFORMITIES TREATED IN MEARNSKIRK HOSPITAL.

Cases in hospital at 1-8-48	•••		31
Number admitted during session			78
Number dismissed during session			109 91
Number still in hospital at 31-7-49	• • •	• • •	18

All the above cases had been selected at the Education Health Service Orthopaedic Clinics by the visiting Orthopaedic Surgeon. Of the 91 patients dismissed, the causes of disability were as shown in the following table :---

l'orticollis					14
Congenital Foot Deform	mitie	es		•••	7
Spastic Hemiplegia				•••	20
Anterior Poliomyelitis,	3rd	stage	•••	•••	22
Acquired Deformities	• • •	••	• •••	* * *	13
Scoliosis and Kyphosis Miscellaneous	• • •	••	• •••	• • •	10
miscenaneous	• • •	••	• •••	•••	5
					91

The treatment given to the above cases was as follows :----

Manipulation (including tenotomy and	
wrenching in 27 cases)	 39
Operation	 36
Physical Treatment (plaster and exercises)	 10
Investigation but no treatment required	 5
Removed against medical advice	 1
	91

The average time in hospital of all these cases was 100 days.

The Orthopaedic Surgeon continued his regular visits to the Education Health Service Orthopaedic Clinics, and many patients were referred to his weekly clinic held at the hospital. There, patients were fitted with plasters and splints as required.

The	splints	supplied	durin	g the	year	were	:	
	Calipe	rs		•••	• • •			13
	Delow	Knee from	S		• • •	• • •	•••	12
	Spinar	Braces	• • •	•••	• • •	• • •	• • •	3

Alterations of various kinds to boots were made in 320 cases and repairs or replacements of old calipers and leg irons amounted to 65.

In addition, during the year 52 cases of Anterior Poliomyelitis, most of them patients from the 1947 epidemic, were dismissed to continue their treatment and supervision at the school Orthopaedic Clinics.

(b) DEFORMITIES TREATED BY EXERCISE, MASSAGE, ELECTRICAL TREATMENT, ETC., AT ASHLEY STREET, FLORENCE STREET AND GLENBARR STREET ORTHOPAEDIC CLINICS.

		Boys.	1949. Girls.	Totals.	1948. Totals.	194 7. Totals.
Number of children examined by	r					
School Medical Officers Orthopaedic Surgcon		417 385	523 413	940 798	1,202 515	755
Number of attendances of " old " reporting for observation	cascs	629	600	1,229	931	910

following cases .—					
0	Boys.	1949. Girls.	Totals.	1948. Totals.	1947. Totals.
Details of new cases put on treatment	Boys.	GIIIS.	TOLAIS.	100415.	I Utals.
at Clinics-					
Deformities of spine (kyphosis)	101	104	005	004	0.01
lordosis, scoliosis)	101	124	225	204	231
Paralysis, infantile and other	43	51	94	95	30
Flat-foot and other deformities of the foot	75	126	201	242	207
Wry-neck (torticollis)	10	14	24	16	21
Fracture (result of), sprains and dislocations	5	1	6	8	4
Deformities of chest	25	15	40	13	7
Knock-knees	23	28	51	45	28
Others	20	25	45	25	21
	302	384	686	648	549
Cases from previous session	69	104	173	158	138
Totals	371	488	859	806	687
Discharged from Orthopaedic Clinics-	_				
Fit	197	288	485	422	357
For hospital treatment	9	9	18	19	15
To Convalescent Homes	1	2	3	5	5
Transferred to other clinics or treated by appliances	30	19	49	35	33
For other reasons (leaving school, etc.)	62	70	132	152	119
Totals	299	388	687	633	529
Number still on treatment	72	100	172	173	158
Number of attendances made by children for treatment			16,356	16,788	15,678

The staff of seven physiotherapists carried out treatment for the following cases :---

(c) Deformities treated by Exercise and Massage outwith the above named clinics.

Other children were dealt with at schools, child guidance clinics, and nursery schools, visits being made for this purpose by physiotherapists. Details of the numbers treated are given below.

		Child		
	Special Schools.	Guidance Clinics.	Nursery Schools.	Totals.
Number of cases treated individually	74	30	138	242
Number of treatments given	907	132	354	1,393
Number of classes held	819	196		1,015

(d) DEFORMITIES TREATED BY APPLIANCES.

The Hospital Board organisation, from 5th July, 1948, arranged for the provision of surgical appliances to school children.

(E) OTHER DISEASES.

(a) CASES DEALT WITH AT THE REGULAR CLINICS FOR "GENERAL" DISEASES.

				1949.		1948.	1947.
Details of new cases—			Boys.	Girls.	Totals.	Totals.	Totals.
Bronehitis and brone		atarrh	576	398	974	1,367	1,160
Anaemia and/or debi	lity		671	791	1,462	1,871	1,475
Riekets	• • •		6	1	7	13	18
Tubercular condition		• • • •					
Pulmonary (includ	ing ec	intacts)	86	96	182	211	341
Non-pulmonary	• • •	•••	10	6	16	20	38
Paralysis	• • •	• • •	3	3	6	6	8
Heart disease	• • •	•••	13	26	39	30	84
Chorea	• • •		29	19	48	63	73
Enlarged tonsils and/	or ad	enoids	113	165	278	537	316
Adenitis			42	29	71	213	146
Rheumatism			63	109	172	371	215
Enuresis	• • • •		320	368	688	774	884
Malnutrition		• • •	20	19	39	38	14
Epilepsy			10	13	23	62	46
Digestive disorders			125	151	276	449	156
Infectious diseases			36	35	71	401	476
Mental deficiency			1	1	2	3	
Nervous disorders			27	28	55	98	49
Others			200	192	392	756	851
Single visit cases	• • •	• • •	657	614	1,271	1,419	1,085
Totals			3,008	3,064	6,072	8,702	7,435
Clinic attendances of above	'e eas	es =	9,377	8,736	18,113	23,331	19,296

(b) SUPPLY OF MEDICINES.

Details of new cases seen elsewhere than at "General" Clinies---

		1949.		1948.	1947.
	Boys.	Girls.	Totals.	Totals.	Totals.
Sent from school inspection f immediate supply		554	1,005	1,077	709
Sent from skin, eye and e clinies	ar 356	441	797	1,291	894
Additional attendances at " Genera	al ''				
clinics for medicine	10,393	7,406	17,799	22,608	18,803
Totals	11,200	8,401	19,601	24,976	20,406
	A				and a state of the

Details of new cases—			Boys.	1949. Girls.	Totals.	1948. Totals.	1947 . Totals.
Rickets			15	4	19	33	12
Anaemia and/or debil	ity		377	388	765	793	738
Nervous disorders			4		4	2	3
Enlarged glands			18	6	24	28	32
Chronic bronchitis			235	219	454	545	541
Rheumatism			24	53	77	120	109
Skin conditions			8	23	31	40	27
Eye conditions			1	1	2	14	8
Ear conditions			11	2	13	3	2
Other diseases			46	33	79	92	65
Single visit cases	•••	•••	107	50	157	200	86
Totals	•••	• • •	846	779	1,625	1,870	1,623
Clinic attendances of above	ve ca	ses	9,927	11,396	21,323	24,516	22,081

(c) ARTIFICIAL LIGHT TREATMENT.

In addition, 5 school children were treated at the Child Welfare Clinic in Summertown Road, Govan.

(d) CASES SEEN AT CARDIAC CLINICS.

The heart specialist from Stobhill Hospital continued to attend school clinics for the purpose of examining children specially referred by School Medical Officers, and recommending any necessary treatment. During the session, he saw the following cases :—

New	Cases.	Re-examin	ations	. Tot	tals.*
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
122	117	66	65	188	182
(* Inclu	uded in	attendances	at "	General "	Clinics.)

Additional attendances were made by 7 boys and 9 girls for x-ray etc., reports.

The Specialist reported that the work has developed along the lines summarised in the last Report. By endeavouring to distinguish the "innocent" from the "organic" murmur, much unnecessary cardiac invalidism is being avoided. Many of those with organic lesions have been allowed to undertake physical training, sometimes in a modified form. This group has been periodically reviewed and no ill effects have been noted; indeed the feeling of well-being has been increased and the anxious parent has been made happier.

Within the past year a small group of children attending a special school have been allowed modified exercises. These were children who were thought to need the benefits of the special school regimen but were considered fit enough for the slight exercises given them. It is too soon to assess the long term results of this innovation.

The facilities of Stobhill Hospital were available for the treatment of children thought to have active disease, and also for special tests thought necessary to ensure accurate assessment, especially when operations were contemplated.

7.- DENTAL INSPECTION AND TREATMENT.

The new scheme introduced this year was based to some extent on the suggestions made in the various Department of Health for Scotland circulars. Annual inspection and the offer of treatment to all children, however, as broadly laid down by the Department of Health, was found to be impossible owing to the large numbers involved in Glasgow and there remained to be considered one of the following methods :—

- (a) All schools could be inspected in turn, but such inspection and offer of treatment would be at seven-yearly intervals.
- (b) Inspection and offer of treatment could be carried out annually in a restricted number of selected schools.

The former method was rejected for obvious reasons and the alternative was chosen, but it was adapted to the special requirements of Glasgow by having it operate each forenoon and reserving the afternoon sessions for children outwith the selected schools. In other words, dentally defective children in certain schools are sought out and followed up each forenoon, while patients from all other sources are treated each afternoon. It is anticipated that the number of these selected schools will gradually increase as the Service expands, and because the future requirements of the original selection will dwindle in proportion to its more concentrated attention.

Of the children inspected since the coming into force of the new Health Act on 5th July, 1948, a slightly greater percentage has accepted

treatment at the school clinics in spite of the potential attractions of the now free Private Practitioner service. A $4\cdot3$ per cent. fall in sound dentitions compared with last year was recorded by the Dental Officers at school inspections, this being due probably to the more exact "mirror and probe" examinations and charting now in operation under the new Routine Dental Inspection Scheme.

As a result of the new arrangement, the number of cases treated shows a slight decrease owing to the more thorough treatment accorded to each child in the scheme. While the number of fillings in permanent teeth has fallen by 4 per cent., fillings in temporary teeth have increased by 261 per cent., due to the concentration on the youngest age groups until the end of December, 1948.

Since the beginning of May, a special Emergency clinic has been established in Glenbarr Street Clinic, necessitated by the inability of the Private Practitioner service to deal with its previous percentage of "toothache" cases, and it was felt that such a clinic, situated near the main bus and tram routes, where relief from pain could be guaranteed without a previous appointment, would supply the necessary facilities. In the $7\frac{1}{2}$ weeks in which this clinic functioned during the session, 601 patients attended, 605 temporary teeth and 108 permanent teeth were extracted, and 4 permanent and 58 temporary fillings were inserted.

A Dental X-ray Unit has been installed and an immediate radiographic diagnosis is now available to all Dental Officers.

The Orthodontic service has been expanded and a close co-operation with the Glasgow Dental Hospital enables the Education Health Service to summon such cases to the Hospital for regulation by Specialists. In the past year, 59 such cases have been or are being treated there at no cost to the Corporation.

8.—SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS.

(a) FOR HANDICAPPED CHILDREN.

The following table shows the number of pupils at the various schools for handicapped children (under the management of the Corporation), (1) in the City, (2) near the City, and (3) in hospital schools and residential schools for physically handicapped pupils outwith the City at 30th June, 1949.

Classification.	Day C in or Cit	entres near	Day an dential	2) d Resi- Centres City.	· Resid	tres
	No. of Centres.	No. of Pupils.	No. of Centres.	No. of Pupils.	No. of Centres.	No. of Pupils.
Physically Handicapped General Blind Myopic Deaf Semi-deaf Mentally Handicapped	$\begin{array}{c} 12\\ \hline 1\\ 1\\ 1\\ 1\end{array}$	1,331 65 32 77	$\begin{array}{c} 1\\1\\2\\1\end{array}$	18 22 211 18	8	561 — — —
General Ineducable but train-	18	3,117				
able	9	363				
Totals, 1949	(30)	4,985	(2)	269	8	561
Totals, 1948	(29)	5,183	(2)	260	8	497

The total of the pupils shown above, 5,815, compares with a total of 5,940 in 1948, and with 5,351 pupils of similar categories receiving instruction in 1947.

The following notes on the various centres may be of interest.

(1) The standard type of special school is a centre for both physically and mentally handicapped pupils, Protestant and Roman Catholic children being in separate schools. Exceptions are—one centre for older mentally handicapped boys (both Protestant and Roman Catholic), one centre for mentally handicapped children only (Protestant), and four centres for mentally handicapped children housed in ordinary schools. Owing to lack of accommodation in the old Cranstonhill School (now St. Martin's), a new centre for younger Roman Catholic mentally handicapped pupils was opened at St. Donnan's School, housed in the premises of St. Brendan's primary school. Nine Occupational Centres for ineducable but trainable children are also housed in ordinary schools.

As a result of the re-organisation of special schools in April, 1947 when Roman Catholic handicapped children were segregated, schools for these children still bore territorial names, although they were not territorial schools. To remedy this, all Roman Catholic schools were given "Saints" names in August, 1948. Protestant schools for handicapped children bearing territorial names were also re-named (e.g., Burnside became Greystone), and the three schools for handicapped children housed in "ordinary" school premises were given new names, being separate units under the Education (Scotland) Acts, 1945 and 1946, viz., Hayfield now Richmond, St. Aloysius' now St. Kevin's, and St. Luke's now St. Gabriel's. Centre Street School for the Deaf (Nursery and Infants) became Kingston School for the Deaf (Nursery and Infants). St. Vincent's school for blind and deaf pupils was re-named St. Vincent's (Tollcross) to avoid confusion with St. Vincent's (Carnwadric) ordinary school. There being no prospect of Mount Florida Occupational Centre returning to Mount Florida school, the Centre was re-named Holmlea.

(2) The combined day and residential centres near the City are Glasgow School for the Deaf and St. Vincent's (Tollcross).

Hospital Schools-at Philipshill, Strathblane Home, Mearnskirk and Stobhill (including Lenzie Annexe).

Residential Schools-

for physically handicapped children-

36 places at Caol Ruadh, Colintraive (Protestant boys),

30 places at Agnes Patrick, Ascog (Protestant girls),

23 places at Lumsden, Maybole (Roman Catholic girls).

*for "problem " children-

40 places at Nerston, East Kilbride.

* The figures for these children are not included in the table regarding handicapped children.

EXAMINATION AND AFTER-CARE OF MENTALLY HANDICAPPED CHILDREN.

The number of children specially examined by the School Medical Officers regarding *mental defects* during the year was :---

		Boys.	1949. Girls.	Totals.	1948. Totals.	1947. Totals.
First examinations		367	252	619	645	936
Re-examinations		1,004	753	1,757	1,785	1,873
Totals	•••	1,371	1,005	2,376	2,430	2,809

After-Care Committees continued to function on a regional basis at the following schools :---Rottenrow, Kennyhill, Hollybrook, Henderson Street, St. Oswald's, St. Martin's, St. Aidan's. Arrangements for the administration of the After-Care Scheme by the Health and Welfare Committee under the National Health Service (Scotland) Act, 1947, are still in progress. HOME TUITION SCHEME.

53 physically handicapped children unable to attend school were educated at home after school hours by 35 qualified teachers. About a third of the children were suffering from chronic heart disease. 17 of the children were taking part in the scheme for the second year.

In addition to the above schemes, Glasgow children are accommodated and educated at the following centres not under the management of the Corporation :—

Biggart Memorial Home, Prestwick—40 physically handicapped children in need of nursing care. Biggart Home is now under the aegis of the Board of Management for Southern Ayrshire Hospitals, but the Education Health Service retains the privilege of selecting suitable cases.

The Royal Blind School, Edinburgh—19 Protestant blind children and 2 Roman Catholic blind children receiving secondary education.

East Park Homes in Glasgow and Largs—53 children suffering from serious physical disabilities. East Park Homes are still on a voluntary basis (i.e., not nationalised).

The Colony of Epileptics, Bridge of Weir—9 Protestant children suffering from serious epilepsy. (Voluntary.)

The Rudolph Steiner School, Aberdeen—5 mentally handicapped children suffering from multiple defects. (Voluntary.)

Trefoil Residential School, Whitburn-1 paralysed girl. (Voluntary.)

Larbert Certified Institution-1 mentally handicapped boy.

Lennox Castle Certified Institution—103 mentally handicapped boys aged 12 to 16 years, mostly juvenile delinquents, but including a few cases of serious epilepsy with mental deterioration, and one deaf boy for whom no other provision could be made.

St. Charles' Certified Institution, Carstairs—61 mentally handicapped Roman Catholic boys and girls.

St. Joseph's Certified Institution, Rosewell—10 Roman Catholic mentally handicapped children with multiple defects.

Waverley Park Certified Institution, Kirkintilloch-31 Protestant mentally handicapped girls.

(All the certified institutions are under the management of the Western Regional Hospital Board.)

The Westerlea School for Spastics, Edinburgh—4 spastic cases. The Scottish Council for the Care of Spastics opened this residential school for the treatment of children suffering from cerebral palsy in September, 1948. There is accommodation for about 20 pupils and the inclusive charge is $\pounds 6$ 6s. per week. The Council, in addition to educational facilities, provide at Westerlea medical and allied services by personnel specially trained in the treatment of this condition. Admission is confined to cases which, in the opinion of the Selection Committee, will benefit from treatment. Four Glasgow pupils have been admitted—1 spina bifida, 1 paralysis left leg and arm, 1 spastic paralysis and 1 spastic paraplegia. Other two cases will be sent when vacancies occur, a total of six places having been allocated to Glasgow.

(b) FOR NORMAL AND CONVALESCENT CHILDREN.

There are 3 Residential Schools outwith the City for normal children. The children usually go in school groups and stay for about one month.

52 places at Achnamara, Lochgilphead (Protestant, post-primary).

24 places at South Park, Ascog (Protestant, primary boys).

24 places at Stevenson, Ascog (Protestant, primary girls).

There is also a Residential Nursery School at Southannan, Fairlie with 40 places.

In addition, the Corporation leased Dounans Camp, Aberfoyle, for the months of October and November, 1948, and June, 1949, when approximately 200 boys and 200 girls (normal children) were accommodated each month, and Glengonnar Camp, Abington during March-April, 1949, when 250 boys were accommodated.

Convalescent children who have been recommended a holiday are sent to the following two residential schools :—

65 places at Hillfoot, Bearsden (Protestant girls),

70 places at Seafield, Ardrossan (Protestant boys).

The children are usually in residence for six weeks.

(c) FOR MALADJUSTED CHILDREN.

CHILD GUIDANCE.

The Child Guidance Clinics dealt with 3,045 children, as compared with 2,932 in the preceding year. These children showed one of more of the following symptoms:—Emotional disorders (general instability, anxiety and obsessional states, night terrors and sleep walking, enuresis and soiling, emotional retardation and regression, psychopathic personalities—1,475 instances); Behaviour disturbances (unmanageable behaviour, aggression and temper tantrums, sadistic tendencies, exhibitionism, truancy and wandering—707); Delinquency (theft, lying, malicious mischief and sexual offences—399); Educational disability (general backwardness and specific disability—1,022); Speech defect—421 instances. Of these children, 127 were given residential treatment at Nerston Home as compared with 101 in the preceding session.

Further information can be found in the report issued annually by the Education Department.

9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

At the end of the session the Physical Education staff consisted of the Superintendent of Physical Training, 2 Assistant Superintendents (a man and a woman), 42 Principal Teachers (28 men and 14 women), 102 assistant men teachers (including 3 seconded) and 81 assistant women teachers (including 6 physiotherapists engaged at the Orthopaedic Clinics). One woman Principal Teacher was in charge of the Orthopaedic Clinics, the staff of which, in addition to duties at the clinics, also visited schools for physically handicapped children, nursery schools and child guidance clinics. In addition 3 men and 3 women teachers were employed in Further Education day classes.

The Principal Teachers from secondary schools visited neighbouring primary schools to give demonstration lessons and to advise class teachers and, where arrangements could be made, weekly visits to primary schools were also made by assistant teachers.

Although sufficient men teachers of physical training have been coming from the Training Centres, the many resignations each year and the small number of women teachers available have created difficulties in staffing girls' classes, some classes having to be taught by men teachers. Instruction in Personal Hygiene and Simple First Aid was given to post-primary classes by physical training teachers as part of the scheme of Physical Education. In the primary schools class teachers gave appropriate short lessons on Health Habits.

A Mobile Spray Bath Unit was brought into operation at the beginning of May, visiting six selected schools weekly and providing facilities for approximately 200 spray baths daily. An Education Health Service nurse was in attendance at each of the schools for the purpose of examining the children before they used the sprays. Up to the end of June (when the schools closed for the summer holidays) 6,221 baths were given. The special arrangements introduced last year by which schools in the neighbourhood had the use of spray bath facilities at Garngad and Cranstonhill Corporation Baths were continued.

During the months of September and October, 1948 and May and June, 1949 (when swimming instruction was a compulsory part of the curriculum), arrangements were made for approximately 24,500 boys and girls to attend weekly at School or Corporation Baths Department Ponds. Some 15,000 boys and girls, with the consent of their parents, continued to receive a weekly period of swimming instruction during the months of November, 1948, to April, 1949.

Luck of suitable accommodation or floors in many primary schools still prevents the carrying out of the authorised daily physical training lesson appropriate to the needs of primary pupils. Treatment of floors and the installation of floor coverings have improved conditions in some instances.

The Corporation continue to take every opportunity to extend the provision of playing field facilities. In addition to the opening of $7\frac{1}{2}$ acres of playing field at Carntyne, a number of schemes of drainage and reconditioning of playing surfaces have been undertaken.

10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

(a) ADMINISTRATION AND NATURE OF MEALS.— See Report for 1945, page 34.

There are at present 20 Kitchens and 5 School Meals Centres providing meals for school children.

By June, 1949, the total output of School Meals had been raised to 57,674 meals per day, 56,264 of these being dinners.

There were in use by the end of June, 1949-267 Dining Rooms and Halls, 204 of which were in school premises (21 in schools for handicapped children only) and 63 in halls or other non-school premises.

(b) NUMBER AND COST OF MEALS .--

The numbers of meals supplied during the year ended 31st July, 1949 were :---

		1949.			1948.	
	Breakfasts	Dinners	Teas	Breakfasts	Dinners	Teas
Paid for by parents	219,365	10,523,240	1,166,831	198,286	10,100,748	866,998
Supplied free of charge	48,972	3,345,489	33,365	66,095	2,992,808	63,619
Totals	268,337	13,868,729	1,200,196	264,381	13,093,556	930,617
Total No. of Meals	15,3	37,262 in 1	949*	14,2	288,554 in 1	948

* In addition, 30,732 meals were supplied to inmates of the Remand Home and 138,043 mid-day meals to pupils attending independent schools.

The charges made to parents for meals were—Dinners, five days per week, 1/10, six days per week, 2/1; three meals per day, six days per week, 4/-.

(c) BOOTS AND CLOTHING .---

Boots or clothing, or both, were supplied to 24,652 children as compared with 13,045 in 1948.

(d) MILK SUPPLY TO SCHOOL CHILDREN.

The total number of milk rations supplied during the year ending July, 1949 was 32,318,834, a figure which compares with 31,655,958 in 1948. In June, 1949 returns showed that $85\cdot3$ per cent. of the children on the registers were taking school milk, as against 83.9 per cent. in June, 1948. The milk was supplied free of charge.

Pasteurised milk was supplied to the schools in the City throughout the year by the same four dairymen as in the previous year. Altogether 160 samples were taken for examination by the City Bacteriologist and the City Analyst. The average fat content of the samples was 3.68 per cent. and the milk generally was found to be of good quality. Any unsatisfactory sample was followed up to the creamery concerned, where full investigations were made.

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STATISTICAL AND OTHER APPENDICES.

TABLE I.- TOTAL NUMBER OF CHILDREN EXAMINED AT :

(A) (a) SYSTEMATIC EXAMINATIONS, i.e., the main groups recommended for the session (see page 12), and (b) OTHER SYSTEMATIC EXAM-INATIONS, i.e., children missed at recommended age groups or otherwise outwith these groups.

	GROUP.		1949.		1948.	1947.
		Boys.	Girls.	Totals.	Totals.	Totals.
(<i>a</i>)	Entrants Second Age Group Third Age Group Fourth Age Group	9,314 7,667 7,266 610	8,676 7,334 7,372 400	17,990 15,001 14,638 1,010	16,769 14,905 14,206 921	16,774 14,847 13,744 806
(b)	Öthers	24,857 458	23,782 369	48,639 827	46,801 1,137	46,171 902
	Totals	25,315	24,151	49,466	47,938	47,073

For age distribution of these children see Appendix Ib on page 54.

In addition to these numbers of children, the following were examined in the course of Systematic Inspection of the pupils at Special Schools and Classes :—

GROUP.			1949.		1948.	1947.
		Boys.	Girls.	Totals.	Totals.	Totals.
Physically handicapped children Mentally handicapped		314	269	583	562	655
children	•••	461	395	856	872	640
Totals		775	664	1,439	1,434	1,295

(B) OTHER EXAMINATIONS-

GROUP.	1949.	1948.	1947.
 (i) In Schools— Systematic Inspection of Nursery School Children Other Examinations in Nursery Schools Inspection of children in two High Schools Systematic Inspection of Children in Independent Schools 1941 age-group (Visual Acuity and Hearing only) Special Cases (in respect of particular defects) Re-inspections by Medical Officers Leaving Interviews Discharges in Special Schools and Classes 	809 541 Included in (A) 13,031 11,563 11,696 4,088 2,376 376	$\begin{cases} 613 \\ 512 \\ 817 \\ 14,420 \\ 15,432 \\ 10,422 \\ 1,440 \\ 2,430 \\ 404 \\ \end{cases}$	1,159 466‡ 509 17,786 16,668 1,302 2,809 354
Totals	44,480	46,490	41,053
 (ii) Mainly at Clinics— Applicants for preliminary training as Teachers Applicants for Licences under the Corpora- tion Bye-laws for the Employment of 	64	65	31
Children Adult Employees of the Corporation *Certifications—Blind Persons Act, 1920 Candidates for Printers' Apprenticeships	766 78 14 131	698 97 15 100	510 182 13
Children as to fitness for camps, etc.— Harvesters Forestry, etc School and Junior Club groups Children as to fitness for "School Journeys"	6,694 44 10,316	3,489 10,000	9,067
abroad, etc Children as to fitness for admission to Residential Schools and Institutions Pre-nursing Students Other Special Cases	649 4,917 34 36	4,323 	313 4,096
Examinations in Remand Home	1,521	1,531	1,233
Totals	25,264	20,386	15,527
 (iii) Cleanliness and Special Examinations— †Cleanliness inspections (by school nurses) Mental Survey, Random Sample Interviews (Nurses) 	160,999	141,084	144,681 1,790
Totals	160,999	141,084	146,471

* These examinations are made at the Central Clinic for the Blind.

† In addition, Nurse Inspectresses of the Sanitary Divisions made 138,984 cleanliness inspections in 1,183 visits to 79 schools (see page 72).

‡ Measurements only.

APPENDIX Ia.-NOTIFICATION TO PARENTS.

GROUP.		1949.		1948.	1947.		
GROUP.	Boys.	Girls.	Totals.	Totals.	Totals.		
Entrants2nd Age Group3rd Age Group4th Age GroupOthers	$\begin{array}{c} 2,942 \\ (31.6) \\ 2,454 \\ (32.0) \\ 1,467 \\ (20.2) \\ 46 \\ (7.5) \\ 113 \\ (24.7) \end{array}$	$\begin{array}{c} 2,772\\(32\cdot o)\\2,511\\(34\cdot 2)\\2,000\\(27\cdot 1)\\57\\(14\cdot 3)\\94\\(25\cdot 5)\end{array}$	5,714 (31.8) 4,965 (33.1) 3,467 (23.7) 103 (10.2) 207 (25.0) $5,714 (3.1,1) (23.7) 207 (25.0) 5,714 (31.8) (25.0) (27.0) $	6,570 (39·2) 5,781 (38·8) 4,529 (31·9) 579 (28·6)	7,291 (43·5) 6,043 (40·7) 4,058 (29·5) 441 (25·8)		
Totals	7,022 (27·7)	7,434 (30·8)	14,456 (29·2)	17,459 (36·4)	17,833 (39·1)		

The numbers and percentages of cases in which intimation was made to parents verbally or by card, together with information as to similar intimations in respect of clothing, cleanliness, and/or minor dental defects will be found in Appendix IIa on page 62.

APPENDIX Ib.—AGE DISTRIBUTION OF CHILDREN

(a) Children within groups recommended

(b) Children outwith group-

	Ages.	4	5	6	7	8
BOYS.						
Non-transferred Schools Do. Transferred Schools Do.	$(a) \dots (b) \dots (a) \dots (b) \dots$	187 82	6,090 2,511 	224 133 	43 — 34 —	4 7 6 29
Totals Do.	(a) (b)	269	8,601	357	77	10 36
Totals, 1949 .	••••••	269	8,601	357	77	46
Totals, 1948 .	• • • • • •	528	7,592	301	87	44
GIRLS.						
Non-transferred Schools Do. Transferred Schools Do.	$\begin{array}{cccc} (a) & \dots \\ (b) & \dots \\ (a) & \dots \\ (b) & \dots \end{array}$	150 — 97 —	5,748 — 2,288 —	194 	43 	9 9 4 2
Totals Do.	(a) (b)	247	8,036	297		13 11
Totals, 1949 .		247	8,036	297	83	24
Totals, 1948 .	•• •••	425	7,451	288	78	41
ALL.						
Totals Do.	$(a) \ \dots \ (b) \ \dots$	516	16,637 —	654	160	23 47
Totals, 1949 .	••••••	516	16,637	654	160	70
Totals, 1948	•• •••	953	15,043	589	165	85

‡ Entrants-Infants.

‡ This grouping applies only to

AT DATE OF SYSTEMATIC EXAMINATION.

for the session (as indicated by brackets). recommended for the session.

‡ Second Age Group.

‡ Third Age Group. ‡ Fourth Age Group.

	1						11			-	
8	9	10	11	12	13	14	15	16	17	18	Totals
73 49 	4,537 30 1,925 12	741 66 342 37		157 22 98 11	4,497 6 1 753 4	527 45 234 42	11 31 	386 1 33 —	147 1 33 —		17,624 265 7,233 193
122	6,462 42	1,083 103	84	255 33	6,250 10	761 87	11 61	419 1	180 1		24,857 458
122	6,504	1,183	84	288	6,260	848	72	420	181		25,315
168	6,214	1,182	91	344	5,882	866	44	418	113	4	23,878
76 23 	4,202 20 1,776 7 5,978 27 6,005	847 80 410 23 1,257 103 1,360		167 19 99 6 266 25 291	4,520 17 1,795 5 6,315 22 6,337	491 49 300 23 791 72 863	5 25 12 5 37 42	239 42 281 281	105 	5	16,796 270 6,986 99 23,782 369 24,151
128	6,466	1,066	88	353	6,410	812	30	39	95		24,060
	12,440 69 12,509 12,680	2,340 206 2,546 2,248	150 150 179	521 58 579 69 7	12,565 32 12,597 12,292	1,552 159 1,711 1,678	16 98 114 74	700 1 701 747	294 2 296 208		48,639 827 49,466 47,938
		,				-,070					11,000

the (a) lines on the table.

TABLE II.--SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, and the

minor detects in the same section are ignored in section totals give the numbers of individual children	section a abers of it	ndividual	children	having a	tt least	one defec	at least one defect in that section	section.		-			
	En	Entrants.	2nd age group.	group.	3rd age	group.	4th age group	group.	All ages.	ges.	1949.	1948.	1947.
Age Groups	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Number examined	9,314	8,676	7,667	7,334	7,266	7,372	610	400	25,315	24,151	49,466	47,938	47,073
Nature of defects found 1. CLOTHING	nt [(0.0)]	(0.0) (0.0)	(0.0)	6 6	(0.0)	(0.0)			6 (0.0) 3	$\begin{array}{c} 14\\ (o \cdot r)\\ 7\end{array}$	17 (0·0) 16	23 (0.0) 118	$\begin{array}{c} 42 \\ (o \cdot r) \\ 26 \end{array}$
UNSATISFACTORY { Ragged Dirty	(0.0)		(0.0) 22 27	$(0 \cdot r)$ $(1 \cdot o)$ $(0 \cdot r)$	$\begin{array}{c} (0 \cdot 0) \\ 2 \\ (0 \cdot 0) \end{array}$	$(I \cdot 0)$ $(I \cdot 0)$	1	1	(0.0) 11 (0.0)	(0.0) (0.1)	(0.0) 47 (0.1)	(<i>v</i> .0) 25 (0.0)	$\begin{array}{c} (0\cdot I) \\ 53 \\ (0\cdot I) \end{array}$
Totals	10 	0 18	8 (1.0)	$24 \\ (0.3)$	(0·I)	14 (0.2)			$23 (0 \cdot I)$	57 (0·2)	80 (0·2)	96 (0·2)	$\begin{array}{c} 121 \\ (0\cdot 3) \end{array}$
2 FOOTGEAR UNSATISFACTORY None	0)	8 11 (0·1)	22 (0.3)	16 (0·2)	$\begin{pmatrix} r \cdot 0 \\ r \\$	10 (0·1)		1 1	37 1 1 (0·0)	38 (0·2)	75 (0·2) 1 (0·0)	66 (7.0)	122 (0·3)
Totals	8 	11 (1.0) (1 (1.0)	22 (0·3)	16 (0.2)	8 (0·1)	$(0 \cdot r)$			38 (0·2)	38 (0.2)	76 (0·2)	(2-0) 66	122 (0·3)
3. UNCLEANLINESS Dirty (a) Head Nits	$\begin{array}{c} 2 \\ (0 \cdot 0) \\ (3 \cdot 3) \\ (3 \cdot $		2 (0·0) 232 (3·0)	$\begin{array}{c} 2\\ (o \cdot o)\\ 1,241\\ (16 \cdot 9)\\ 32\end{array}$	$\begin{array}{c} 2\\ (o \cdot o)\\ 179\\ (2 \cdot 5)\\ 8\\ 8\end{array}$	1,688	1 1 8	$ (o \cdot 8)$	$\begin{array}{c} 7 \\ 732 \\ 732 \\ (2 \cdot 9) \\ 23 \\ 23 \\ 23 \\ 23 \\ 23 \\ 23 \\ 23 \\ 2$	$\begin{array}{c} 3 \\ (0.0) \\ 4,009 \\ (16.6) \\ 108 \\ 108 \\ 108 \end{array}$	10 (0.0) 4,741 (9.6) 131	$\begin{array}{c}10\\(0,0)\\110\\(8,9)\\110\\(0,2)\\110\\(0,2)\\110\\(0,2)$	$\begin{array}{c} 7 \\ (0.0) \\ (2.$
(b) Body $\begin{cases} Dirty \dots \\ Verminous \end{cases}$	$(I \cdot o) = \cdots$	$ \begin{array}{c} (o.o) \\ I \\ (v.o) \\ \varepsilon \\ \varepsilon \\ (t.o) \\ (t$	$ \begin{array}{c} (o. o) \\ I \\ (I. o) \\ 6 \\ 6 \\ (I. o) \\ \end{array} $	(0/) 4 (0.1)	(0.1) (0.1) (0.0) (0.0)	(0.0)	11		(1.0) (0.0) (0.0)	(0.0)	(0.0) (0.0) (1.0)		(0.0)
Totals	35	325 1,043	251	1,279	195	1.7.11	8	3 10 1	786	4,140	4,926	4,474	(8-3)

-							$\begin{array}{c c} 99 \\ \hline (o \cdot 2) \\ \hline (o \cdot 3) \end{array} $					<u> </u>	_							(<i>L</i> . <i>t</i>) (o
-							$(o \cdot I)$ (o		_					2,302 3,645				$(5 \cdot 2)$ $(8 \cdot 5)$		(2.2) (3.0)
-							(10) (10)							1,227 2,3				(5.7) (5		<i>z</i>) (<i>z</i> . <i>z</i>)
-																		$(4 \cdot 6)$	1	$(2\cdot 2)$ (
		1]		(0.3)]	[[10	(2.5)	11	$(2\cdot\delta)$	1	(6.0)		1	(6.0)	5	$(E \cdot I)$
		[]				1]	5	(6.0)	57	(£.0)	4	2	(6.0)	9	$(0 \cdot I)$		(0.5)
1	(0.0)	(1.0)		25	$(0\cdot3)$	(0.0)	(0.0)	(0.2)	4	(<i>1</i> .0)	$(I \cdot I)$	134	(ϱ, r)	(301	(7.7) 46	(9.0)	347	(4.2)	138	$(6 \cdot I)$
1	(0.0)	(0.2)		14	$\left(\begin{array}{c} 0 \cdot 2 \\ 2 \end{array} \right)$	(0.0)	(o. o)	(1.0)	со .	(0.0) 51	$(2 \cdot 0)$	68	(2.1)	272	61	(6.0)	291	(0.7)	94	$(\mathcal{E} \cdot I)$
	X	(1.0)	1	21	(0.3)	(0.0)		$(v \cdot v)$	[58	(8.0)	107	(2.7)	472	(4.0)	(6.0)	539	(2.3)	165	(2.2)
3	(0.0)	(0.3)		22	$(\mathcal{E} \cdot o)$	9 (0.0)	$(0 \cdot I)$	$(I \cdot o)$	1	63	(0.8)	127	(2.1)	414	55	(2.0)	469	(1.9)	202	(9.2)
1	(0.0)	(2.0)		(0.0)	$(0\cdot 2)$	(0.0)	$(I \cdot 0)$	$(0 \cdot I)$	c 1 -	(0.0) 51	(9.0)	111	(6.7)	446	42	(0.5)	488	(2.6)	238	(2.2)
57	(0.0) 44	(0.5)	[11	$(0 \cdot I)$ 2	(o·o)	$(0 \cdot I)$	$(I \cdot o)$	x -	(0.1) 82	(6.0)	165	(0.7)	359	16	(2.0)	375	(0.7)	240	(2.0)
Ringworm			Injuries	Others	Ringworm				Injuries	Others		•		Slightly	Bad		•		TH UNHEALTHY	
4. SKIN		(a) $Head$					(b) Body			0		Totals .		5. NUTRITION S			Totals .		6. MOUTH AND TEETH UNHEALTHY	

	Entr	Entrants.	2nd age	age group.	3rd age	group.	4th age {	group.	All	All ages.	1949.	1948.	1947.
Age Groups	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
7. NASO-PHARYNX (a) Nose										0	LOO	C Li	100
Obstruction-for observation	95 (1.0)	(0.2)	20	34	12	$(0 \cdot r)$	1		128 (0.5)	109 (0.5)	(0.5)	(0·1)	(9·0)
Obstruction-for operation	43	53	21	24	201	0		[67	81	148	142	121
	(0.5)	(0.6) 23	$(0\cdot3)$ (0.3)	(0.3) 25	(0.0)	(0.0) 20	-	1	(0.3) 87	(69 (6.0)	156	192	164
	(7.0)	(6.0)	(0.4)	(6.0)	$(z \cdot 0)$	(0.3)		(0.3)	$(0\cdot 3)$	(0.3) 8	(0.3)	(0.4) 23	(0·3) 34
Other conditions	(0.0) 7	(0.0)	1	(0.0)	(0.0)	(<i>I</i> .0)	1		(0.0)	(0.0)	(0.0)	(0.0)	$(0 \cdot I)$
(b) Throat Tonsils—for observation	699	656	106	369	186	216	2	3	971	1,253	2,224	3,013	3,365
	$(7 \cdot 2)$	(2.6)	$(I \cdot 4)$	(5.0)	$(2 \cdot 6)$	(2.9)	$(0\cdot3)$	(0.8)	(3.8) 564	$(5 \cdot 2)$ 777	(4.5) 1,341	(0.3) 787	(7.1)
I ORSUS-101 OPERATION	(3.4)	(2.7)	$(2\cdot 2)$	(3.6)	(0.1)	(8.1)	(2.0)	(0.3)	$(2 \cdot 2)$	$(3 \cdot 2)$	(2.2)	$(9 \cdot I)$	(0.2)
Other conditions	(0.0)	5 (0·I)	(0.0)	$(0 \cdot r)$	$(0 \cdot I)$	I			(0.0)	(0.0)	(0.0)	(1.0)	(1.0)
(c) Glands For observation	102	76	16	40	20	24				141	280	342	483
	$(T \cdot I)$	(6.0)	(0.2)	$(0\cdot 5)$	(0.3)	(6.0)		(6.0)	(0.5)	(0.0) (0.0)	(0.0)	(2.0)	(0. r)
For operation	(0.0)	(0.0)		(0.0)	(0.0)					(0.0)	(0.0)	(0.0) .	(0.0)
	1,268 (13.6)	1,243 (<i>I.4</i> .3)	366 (4·8)	764 (10·4)	315 (4·3)	413 (5.6)	(0.5)	6 (<i>r</i> ·5)	1,971 (7.8)	2,451 ($10 \cdot 1$)	4,422 (8.9)	4,985	5,443 ($rr\cdot 6$)
8. Eyes					8							1	
(a) External Diseases Blenharitis	64	57	65	64	45	66	1	1	175				516
	0)	0	(8.0)	(6.0)	(9.0)	(6.0)	1	(£.0)	(0.2)				202
	$(0 \cdot l)$		0	(0.1)	(0.0)	$(r \cdot o)$			(0.0)				(0.7) (10)
Corneal opacities	(0.0) 8		$(0 \cdot 0)$	4+ (0 · l)		(1.0)	1		(0.0)				(1.0)
Strabismus				(9.7)	$(2 \cdot 1)$	154		(0.1) +	(o.£)				(2.3)
Other diseases	(0.2)	20)	(<i>c</i> .0)	(0.3)	$(v \cdot r)$	15 (0.2)		1 (£.0)	(1.0) 37	(0.2)	(02)	(0.2)	(8.0)
Totals	454	423	322	293	208	246	1	9 .	200		1,972	2,197	2,300

TABLE II-Continued.

	$\begin{array}{c} 4,027\\ (13\cdot3)\\ 737\end{array}$	(2.4) 4,764	(15.0) (5.0) (5.0) (5.0) (5.0) (5.0)	(5.2) (6.2)	$\begin{array}{c} 561 \\ (r\cdot 2) \\ 41 \\ (o \cdot r) \\ 140 \\ (o \cdot 3) \\ 338 \\ (o \cdot 7) \\ (o \cdot 3) \\ 338 \\ (o \cdot 7) \\ 1 \\ (o \cdot 0) \\ 1 \\ (o \cdot 0) \\ 2 \\ (r \cdot 7) \\ 1 \\ (r \cdot 7) \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ $
_	3,854 (12.4) 799	4,653	$\begin{array}{c} 2,227\\ (4.6)\\ 590\\ (7.2)\end{array}$	2,817 (5·9)	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
	3,030 (9·6) 897	(2.9) 3,927 (12.6)	(2.7) (2.7) (2.7) (2.7)	1,704 (3.4)	$\begin{array}{c} 469 \\ 469 \\ (o \cdot r) \\ 0 \cdot r) \\ 114 \\ (o \cdot 2) \\ 128 \\ (o \cdot 0) \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ $
	1,608 $(I0\cdot4)$ 492	2,100 (13.6)	$\begin{array}{c} 733\\ 733\\ (3\cdot 0)\\ 236\\ (1\cdot 0)\end{array}$	(<i>o</i> . <i>†</i>)	$\begin{array}{c} 220\\ (o\cdot 9)\\ 15\\ (o\cdot 7)\\ 58\\ (o\cdot 7)\\ 10\\ (0\cdot 0)\\ (0\cdot 0)\\ 10\\ (0\cdot 0)\\ (0$
	1,422 (8.9) 405 (2.5)	(C -) (L·11)	$\begin{array}{c} 625 \\ 625 \\ (2 \cdot 5) \\ 110 \\ (0 \cdot 4) \end{array}$	735 (2·9)	$\begin{array}{c} 249 \\ (r \cdot 0) \\ (r \cdot 0) \\ (o \cdot 0) \\ (a \cdot 325 \\ (a \cdot $
	$(7\cdot3)$ 13 $(3\cdot3)$	42 (10.5)	$\begin{array}{c} 10\\ 10\\ (2\cdot5)\\ (I\cdot5)\end{array}$	16 (4·0)	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	$(IO \cdot 3) \\ (20) \\ (3 \cdot 3) \\ (3 \cdot 3)$	83 (13·6)	$ \begin{array}{c} 24 \\ (3 \cdot 9) \\ 3 \\ (0 \cdot 5) \end{array} $	27 (4.4)	78 64 77 56 66 - $(1 \cdot 0)$ $(0 \cdot 0)$ $(0 \cdot 0)$ $(1 \cdot 1)$ $(0 \cdot 0)$ $(0 \cdot 1)$ $(0 \cdot 2)$ $(0 \cdot 2)$ $(0 \cdot 1)$ $(0 \cdot 2)$ $(0 \cdot 1)$ $(0 \cdot 2)$ $(0 \cdot 1)$ $(0 \cdot 2)$ $(0 \cdot 1)$ $(0 \cdot 0)$ $(0 \cdot 0)$ $(0 \cdot 2)$ $(0 \cdot 2)$ $(0 \cdot 2)$ $(1 \cdot 1)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(0 \cdot 2)$ $(0 \cdot 2)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(0 \cdot 2)$ $(0 \cdot 5)$ $(0 \cdot 5)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(0 \cdot 2)$ $(0 \cdot 5)$ $(0 \cdot 5)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(0 \cdot 2)$ $(0 \cdot 5)$ $(0 \cdot 5)$ $(1 \cdot 3)$ $(1 \cdot 3)$ $(1 \cdot 3)$ <t< td=""></t<>
	$\begin{array}{c} 784 \\ (I0.6) \\ 263 \\ (3.6) \end{array}$	1,047 $(14\cdot2)$	$\begin{array}{c} 301\\ (4\cdot r)\\ 141\\ 141\\ (1\cdot 9)\end{array}$	442 (6·0)	$\begin{array}{c} 66 \\ (0 \cdot y) \\ 4 \\ (0 \cdot r) \\ 19 \\ (0 \cdot r) \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ $
	(8.5) (8.5) (8.5) (2.9)	824 (11·3)	$\begin{array}{c} 175 \\ (2 \cdot 4) \\ 50 \\ (0 \cdot 7) \end{array}$	$\begin{array}{c} 225\\(3\cdot I)\end{array}$	$\begin{array}{c} 77 \\ (r \cdot r) \\ 3 \\ (o \cdot o) \\ 11 \\ (o \cdot 2) \\ (o \cdot 2) \\ (o \cdot 2) \\ (o \cdot 2) \\ (1 \cdot 3) \\ (r \cdot $
	$754 (10 \cdot 3) 206 (2 \cdot \delta)$	960 (13·1)	308 (4·2) 53 (0·7)	361 (4.9)	$\begin{array}{c} 64 \\ (o \cdot 9) \\ (o \cdot 0) \\ (o \cdot 1) \\ (o \cdot 1) \\ (o \cdot 0) \\ (o \cdot 1) \\ (o \cdot 0) \\ (o \cdot 1) \\ (o \cdot$
	$706 \\ (g \cdot 2) \\ 166 \\ (2 \cdot 2) \\ (2$	$\begin{array}{c} 872\\872\end{array}$	281 (3.7) 47 (0.6)	328 (<i>4</i> ·3)	$\begin{array}{c} 78 \\ (1 \cdot 0) \\ 3 \\ (0 \cdot 0) \\ 16 \\ (0 \cdot 2) \\ 4 \\ (0 \cdot 1) \\ - \\ 101$
	11	[$\begin{array}{c} 95 \\ 95 \\ (1 \cdot r) \\ 33 \\ 33 \\ (o \cdot f) \end{array}$	$128 (I \cdot 5)$	$\begin{array}{c} 85\\ (r \cdot o)\\ 9\\ (o \cdot r)\\ (o \cdot r)\\ 28\\ (o \cdot 3)\\ (o \cdot 2)\\ (r \cdot 4)\\ (r $
	1 1	1	$\begin{array}{c} 126 \\ (I \cdot 4) \\ 0 \\ (0 \cdot I) \end{array}$	$135 (I \cdot)$	$\begin{array}{c c} 91 \\ (I \cdot o) \\ 5 \\ (o \cdot 1) \\ (o \cdot 3) \\ (o \cdot 3) \\ 1 \\ (o \cdot 0) \\ 1 \\ (I \cdot 3) \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$
8. EYES (b) Visual acuity (Snellen)*	Fair, 6,9 or 6/12' Bad, 6/18 or worse	Totals	Recommended for Refraction Recommended for Re-test	Totals	9. Investor 0 Discusses 9.1 85 78 64 77 66 - 10 0 torrhoea 9.1 85 78 64 77 66 - 10 11 0 torrhoea 0.1 (0.1) (0.2) (0.2) 0.0 0.0 0.1 10 11 19 - - - - - - - - - - - 10 -<

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All ages. 1949. 1948. 1947.	Girls. Totals. Totals. Totals.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	4 341 685 836 913
	rls. Boys.	$\begin{array}{c} 137 \\ (0.5) \\ 67 \\ (0.3) \\ (0.3) \end{array}$	$-\frac{204}{(0\cdot8)}$	(0.1)		(0.0)	(0.3)	$\begin{array}{c c} & & & & \\ & & & & \\ & & & & \\ & & & & $	5 344
4th age group.	Boys. Girls.				1			$(i \cdot i) = (i \cdot i)$	0
		$\begin{array}{c}11\\(o\cdot r)\\5\\(o\cdot r)\end{array}$	16 (0.2)	$\begin{pmatrix} 1\\ (o \cdot o)\\ - \end{pmatrix}$	I		(1.0) Ġ	$\begin{array}{c} 11 \\ (0.1) \\ 57 \\ (0.8) \\ (0.9) \\ (0.9) \end{array}$	1 (, 1
3rd age group.	Boys.	$ \begin{array}{c} 14\\ (0\cdot2)\\ 21\\ (0\cdot3) \end{array} $	35 (0·5)	3 (0·0) (0·0)		1 1	(0·1) 6	$\begin{array}{c} 17 \\ (o \cdot 2) \\ (2 \cdot 2) \\ (2 \cdot 2) \\ 18 \\ (0 \cdot 2) \end{array}$	1
group.	Girls.	$ \begin{array}{c} 19\\ (o\cdot3)\\ 3\\ (o\cdot0) \end{array} $	22 (0·3)	$\begin{array}{c}10\\(o\cdot r)\\9\\(o\cdot r)\end{array}$	1	$\begin{array}{c}11\\(o\cdot I)\\1\\(o\cdot o)\end{array}$	31 (0·.4)	$\begin{array}{c} 1 \\ (o \cdot 1) \\ (o \cdot 2) \\ (o \cdot 4) \\ (o \cdot 5) \\ (o \cdot 5) \end{array}$	00
2nd age group.	Boys.	$\begin{array}{c} 32\\ (0\cdot4)\\ 22\\ (0\cdot3)\end{array}$	54 (0·7)	$\begin{array}{c} 25\\ (0\cdot3)\\ 12\\ (0\cdot2)\end{array}$		$(v \cdot v)$	47 (0·6)	$\begin{array}{c} 14 \\ (o \cdot 2) \\ 46 \\ 46 \\ (o \cdot 2) \\ 54 \\ (o \cdot 7) \\ (o \cdot 7) \end{array}$	
	Girls.	$ \begin{array}{c} 49\\ (o \cdot 6)\\ 7\\ (o \cdot r) \end{array} $	56 (0·6)	$\begin{bmatrix} 5\\ 0 \cdot I \end{bmatrix}$	1	$ \begin{array}{c} 11 \\ (o \cdot r) \\ 2 \\ (o \cdot o) \end{array} $	19 (0·2)	$\begin{array}{c} 22\\ (0\cdot3)\\ 16\\ (0\cdot2)\\ 73\\ (0\cdot8) \end{array}$	
Entrants.	Boys.	$ \begin{array}{c} 90 \\ (I \cdot 0) \\ 24 \\ (0 \cdot 3) \end{array} $	$\frac{114}{(I \cdot 2)}$	$\begin{array}{c} 16 \\ (0 \cdot 2) \\ (0 \cdot 0) \end{array}$	Ì	$\begin{array}{c}7\\(o\cdot r)\\4\\(o\cdot o)\end{array}$	(0.3) 30	$\begin{array}{c} 30\\ (0.3)\\ (0.3)\\ (0.3)\\ (0.3)\\ (0.3)\\ (0.7)\\ (0.7)\end{array}$	1001
	Age Groups	10. SPEECH Defective articulation Stammering	Totals	11. MENTAL AND NERVOUS CONDITION Backward Dull Mentally defective (educable)	" " (ineducable)	Highly nervous Difficult in behaviour	Totals	12 CIRCULATORY SYSTEM (a) Organic Heart Disease Congenital Acquired (b) Functional Conditions	

229 (0·5) 101 1,775 1,775		222 (0·5)	$\begin{array}{c} 34 \\ (o \cdot I) \\ 229 \\ (o \cdot 5) \\ 368 \\ (o \cdot 8) \end{array}$	$\begin{array}{c} 853\\ (I\cdot \delta)\end{array}$	38 (0·1)	$2,282 (4\cdot8)$
$\begin{array}{c} 190 \\ (0.4) \\ 126 \\ (0.3) \\ 1,444 \\ (2.0) \end{array}$	$\begin{array}{c} 36 \\ 36 \\ (0 \cdot 1) \\ 1,796 \\ (3 \cdot 7) \end{array}$	223 (0·5)	$\begin{array}{c} 29\\ (o\cdot r)\\ 202\\ (o\cdot r)\\ 244\\ (o\cdot 5)\\ (o\cdot 5)\end{array}$	698 (<i>I</i> ·· <i>5</i>)	30 (0.1)	$^{1,817}_{(3\cdot8)}$
$\begin{array}{c} 161 \\ 161 \\ 1 \cdot 3 \\ 1 \cdot 18 \\ 1 \cdot 13 \\ 1 \cdot 13 \\ 1 \cdot 13 \\ 1 \cdot 2 \cdot 3 \end{array}$	$\begin{pmatrix} 2 \\ 4 \\ (o \cdot r) \\ 1,450 \\ (2 \cdot 9) \end{pmatrix}$	181 (0·4)	$\begin{array}{c} 43\\ (0\cdot r)\\ 134\\ 0\cdot 3\\ 282\\ (0\cdot 6)\end{array}$	$640 (x \cdot 3)$	14 (0·0)	$ \begin{array}{c} 1,584 \\ (3 \cdot 2) \end{array} $
$\begin{array}{c} 56\\ (o\cdot2)\\ 62\\ 62\\ 543\\ 543\end{array}$	$ \begin{array}{c} 1 \\ (0 \cdot 0) \\ 672 \\ (2 \cdot 8) \end{array} $	(<i>t</i> . <i>o</i>) 06	$\begin{array}{c} 18\\ (0\cdot r)\\ 49\\ (0\cdot 2)\\ 155\\ (0\cdot 6)\end{array}$	$\frac{312}{(I\cdot3)}$	(0.0) 2	(<i>L</i> . <i>E</i>)
$\begin{array}{c} 105 \\ (0.4) \\ 56 \\ (0.2) \\ 587 \\ 587 \\ (2.3) \end{array}$	$\begin{array}{c} \widetilde{30}\\ (o \cdot r)\\ 778\\ (3 \cdot r)\end{array}$	(<i>t</i> .0)	$\begin{array}{c} 25\\ (o\cdot r)\\ 85\\ (o\cdot 3)\\ 127\\ (o\cdot 5)\end{array}$	328 (1·3)	(0.0) 2	$684 \\ (2 \cdot 7)$
	(0.3)	$\left[0\cdot 5 \right)$		8 (2·0)		6 (2·3)
1 (7·0) (7·0)	$ \begin{array}{c} 1\\ (o\cdot 2)\\ 3\\ (o\cdot 5) \end{array} $	$(0\cdot3)$	$\frac{1}{(o\cdot 2)}$	(0.1) 9	[2 (0·3)
$ \begin{array}{c} 15\\ (o\cdot2)\\ (o\cdot2)\\ (o\cdot2)\\ 64\\ (o\cdot9) \end{array} $		30 (0·4)	$ \begin{array}{c} & & & \\ & & (o \cdot I) \\ & & 12 \\ & & 12 \\ & (o \cdot 2) \\ & 92 \\ & (I \cdot 2) \end{array} $	$\begin{array}{c} 142 \\ (r \cdot g) \end{array}$	1 (0·0)	223 (3·0)
$\begin{array}{c} 20 \\ (0 \cdot 3) \\ 9 \\ (0 \cdot 1) \\ 85 \\ (1 \cdot 2) \end{array}$	$ \begin{array}{c} 14 \\ (0 \cdot 2) \\ 128 \\ (1 \cdot 8) \\ (1 \cdot 8) \end{array} $	20 (0·3)	$\begin{array}{c} 9 \\ (0 \cdot r) \\ 14 \\ (0 \cdot 2) \\ 30 \\ (0 \cdot 4) \end{array}$	73 (1·0)		(6 <i>.</i> 0)
$\begin{array}{c} 21\\ (0\cdot3)\\ 21\\ (0\cdot3)\\ 152\\ 152\\ (2\cdot1)\end{array}$	$(0 \cdot 0)$ $(2 \cdot 7)$	25 (0·3)	$\begin{array}{c} 7 \\ (0 \cdot 1) \\ 13 \\ (0 \cdot 2) \\ 26 \\ (0 \cdot 4) \end{array}$	(0.1)	(0.0) 8	271 (3.7)
$\begin{array}{c} 44 \\ (0.6) \\ 20 \\ (0.3) \\ 76 \\ (1.0) \end{array}$	$ \begin{array}{c} 7\\ (o \cdot I)\\ 147\\ (I \cdot 9) \end{array} $	27 (0·4)	$\begin{pmatrix} 6 & 6 \\ 25 & (0 \cdot 3) \\ 51 & (0 \cdot 7) \\ (0 \cdot 7) & (0 \cdot 7) \end{pmatrix}$	$\begin{array}{c} 109\\ (I\cdot 4)\end{array}$		260 (3.4)
$\begin{array}{c} 18 \\ (o \cdot 2) \\ 26 \\ (o \cdot 3) \\ 321 \\ (3 \cdot 7) \end{array}$	$ \begin{array}{c} 5\\ (0 \cdot I)\\ 370\\ (4 \cdot 3) \end{array} $	33 (0·4)	$\begin{array}{c}3\\(o\cdot o)\\23\\(o\cdot 3)\\(o\cdot 3)\\(o\cdot 3)\end{array}$	88 (1·0)	(0.0) E	387 (4·5)
$\begin{array}{c} 37 \\ (0 \cdot 4) \\ (0 \cdot 3) \\ 416 \\ 416 \\ (4 \cdot 5) \end{array}$	8 (0·1) 487 (5·2)	41 (0·4)	$\begin{array}{c} 10\\ (o \cdot r)\\ 41\\ (o \cdot 4)\\ (o \cdot 4)\\ (o \cdot 4)\end{array}$	$\begin{array}{c} 132\\ (I\cdot 4)\end{array}$	(1.0) L	343 (3·7)
 13. LUNGS Chronic Bronchitis Suspected Tuberculosis Catarrh 	Other diseases Totals	14. DEFORMITIES (a) Congenital	 (b) Acquired Infantile Paralysis Probable Rickets Other causes 	Totals	15. INFECTIOUS DISEASES	16. OTHER DISEASES OR DEFECTS

APPENDIX 11a.-ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS. Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. "Sections" are indicated by horizontal lines across the columns.

	Entrants.	unts.	2nd age	group.	3rd age	group.	th age group	group.	All ages.	ges.	1949.	1948.	1947.
Age Groups	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Parents present at examination	8,769 (94·1)	8,134 (93.8)	4,989 (65°I)	5,128 (69.9)	$\frac{1,212}{(I6\cdot7)}$	1,916 (26·0)	(2.5)	$31 (7 \cdot 8)$	15,171 (59-9)	15,381 (63.7)	30,552 (61.8)	30,445 (63.5)	30,026 (63.8)
Children notified to parents as requiring treatment :	$\begin{array}{c} 596\\ 596\\ (6\cdot4)\\ 127\\ (1\cdot4)\\ 1,956\\ (21\cdot0)\\ 986\\ (10\cdot6)\end{array}$	$\begin{array}{c} 784\\ (9\cdot 0)\\ 336\\ (3\cdot 9)\\ (1,762\\ (20\cdot 3)\\ 1,010\\ (11\cdot 6)\end{array}$	$168 \\ (2 \cdot 2) \\ 126 \\ (1 \cdot 6) \\ 1,654 \\ (21 \cdot 6) \\ (21 \cdot 6) \\ (10 \cdot 4)$	$\begin{array}{c} 482\\ (6\cdot6)\\ 370\\ (5\cdot0)\\ (1\cdot0+)\\ $	$\begin{array}{c} 24\\ (o\cdot3)\\ 122\\ (I\cdot7)\\ 1,029\\ (I,4\cdot2)\\ 1,029\\ (I,4\cdot2)\\ 1,029\\ (6\cdot0)\end{array}$	$\begin{array}{c} 574 \\ (7\cdot8) \\ 571 \\ (7\cdot7) \\ (7\cdot7) \\ (18\cdot0) \\ (18\cdot0) \\ (9\cdot2) \\ (9\cdot2) \end{array}$	$\begin{array}{c} & 1 \\ & 1 \\ (o \cdot 2) \\ & 40 \\ & 40 \\ & 6 \\ & 6 \\ & (I \cdot 0) \end{array}$	$\begin{array}{c}1\\(o\cdot3)\\2\\(o\cdot5)\\(IT\cdot3)\\(IT\cdot3)\\12\\(3\cdot0)\end{array}$	$796 \\ (3 \cdot 1) \\ 382 \\ (1 \cdot 5) \\ (1 \cdot 5) \\ (1 \cdot 5) \\ (1 \cdot 8 \cdot 8) \\ (2 \cdot 265 \\ (8 \cdot 9) \\ (8 \cdot 9$	$\begin{array}{c} 1,860\\ (7.7)\\ 1,311\\ (5.4)\\ 4,864\\ 4,864\\ (20\cdot r)\\ 2,570\\ (T0\cdot 6)\end{array}$	$\begin{array}{c} 2,656\\ (5\cdot4)\\ (5\cdot4)\\ 1,693\\ (3\cdot4)\\ (3\cdot4)\\ 4,835\\ (9\cdot8)\\ (9\cdot8)\end{array}$	$\begin{array}{c} & 4,219\\ & (8\cdot8)\\ & (8\cdot8)\\ & 1,572\\ & (3\cdot3)\\ & (3\cdot3)\\ & (3\cdot3)\\ & (3\cdot3)\\ & (10,816\\ & (2\cdot2\cdot6)\\ & 6,643\\ & (r3\cdot9)\\ & (r3\cdot9)\end{array}$	$\begin{array}{c} 3,657\\ (7\cdot8)\\ 1,189\\ (.2\cdot5)\\ 0,467\\ 6,467\\ (.2\cdot7)\\ 0,467\\ (.3\cdot7)\end{array}$
Children noted for re-inspection :	$511 \\ (5.5) \\ 2,704 \\ (29.0)$	855 (9.0) 2,523 (29.1)	$ \begin{array}{c} 157 \\ (2.0) \\ 2,211 \\ (28.8) \end{array} $	$\begin{array}{c} 647 \\ 647 \\ (8 \cdot 8) \\ 2,361 \\ (32 \cdot 2) \end{array}$	$98 \\ (r \cdot 3) \\ 1, 351 \\ (r \delta \cdot 6)$	$\begin{array}{c} 1,029\\ (r_{4}\cdot o)\\ 2,074\\ (28\cdot r)\end{array}$	54 (8·9)	(0.5) (0.5) (14.5)	$\begin{array}{c} 776 \\ (3 \cdot r) \\ 6,402 \\ (25 \cdot 3) \end{array}$	$\begin{array}{c} 2,576\\ (ro\cdot7)\\ 7,101\\ (29\cdot4) \end{array}$	$\begin{array}{c} 3,352\\ (6\cdot8)\\ (6\cdot8)\\ 13,503\\ (27\cdot3)\end{array}$	$\begin{array}{c} 3,296\\ (6.9)\\ 16,425\\ (34\cdot3)\end{array}$	3,956 $(8\cdot t)$ $(8\cdot t)$ 18,355 $(39\cdot o)$
Children excluded from attendance at school	28 (0·3)	33 (0•4)	19 (0·2)	21 (0·3)	8 (0·1)	20 (0·3)	T	[55 (0+2)	75 (0·3)	13()	161 (0·3)	294 (0·6)
 Children " free from defects " in terms of Table 111 : (a) No recorded defect (a) No recorded defect (b) Defects of clothing and/or cleanliness only (c) Minor dental defect with or without clothing and/or cleanliness defect(s) 	$\begin{array}{c} 3,520\\ (37\cdot8)\\ (37\cdot8)\\ (37\cdot8)\\ (2,590\\ (2,590\\ (27\cdot8)\end{array})\end{array}$	2,993 (34 [.] 5) (3 [.] 5) (3 [.] 5) (3 [.] 5) (2 [.] 432 (2 [.] 432 (2 [.] 8 ^{.0})	$\begin{array}{c} 2,903\\ (37\cdot9)\\ (0\cdot7)\\ (0\cdot7)\\ (1,942\\ (25\cdot3)\end{array}\end{array}$	$\begin{array}{c} 2,388\\ (,3^{2}\cdot 6)\\ (,3^{2}\cdot 6)\\ 346\\ (,4\cdot 7)\\ (,4\cdot 7)\\ (,4\cdot 3)\end{array}$	$\begin{array}{c} 4,01.4\\ (55\cdot 2)\\ 78\\ (1\cdot 1)\\ 1,253\\ 1,253\end{array}$	$\begin{array}{c} 3,033\\ (JI^{+1})\\ 712\\ (9\cdot7)\\ 1.230\\ 1.230\\ (I6\cdot6)\end{array}$	(7 <i>T</i> + <i>I</i>) (<i>7T</i> + <i>I</i>) (<i>10</i> - <i>8</i>)	$\begin{array}{c} 271 \\ (67.8) \\ 1 \\ (0.3) \\ (0.4) \\ (11.0) \end{array}$	$\begin{array}{c} 11,066\\(4.3.7)\\(2.3.7)\\(0.9)\\(0.9)\\(2.3.6)\end{array}$	$\begin{array}{c} 8,815\\ (.36\cdot5)\\ (.36\cdot5)\\ 1,392\\ (.5\cdot8)\\ (.5\cdot8)\\ (.2\cdot3\cdot2)\end{array}\end{array}$	$\begin{array}{c} 19,881\\ (40\cdot2)\\ (40\cdot2)\\ (3\cdot3)\\ (3\cdot3)\\ (11,594\\ (23\cdot4)\end{array}\end{array}$	$\begin{array}{c} 17,065\\ (.3.5 \cdot b)\\ 1,.166\\ (.2 \cdot f)\\ 10.795\\ (.2 \cdot 5)\end{array}$	16,304 (34·6) 863 (1·8) 9,236 (19·6)

Teeth Sound One to four decayed Number Recorded Pive or more decayed 49,465	Visual acuity (Snellen) : Good, 6/6 Fair, 6/9, 6/12 Bad, 6/18, etc. Children who wore glasses at ex- amination Fair, 6/9, 6/12 Bad, 6/18, etc. Bad, 6/18, etc.	Children not wearing Fair, 6/9, 6/12 glasses at examin- ation Bad, 6/18, etc.	Immunisation (Diphtheria). Partial Number Recorded 49,465
$\begin{bmatrix} 5,116\\ (5,29)\\ 3,461\\ (3,22)\\ 737\\ 737\\ (7\cdot9) \end{bmatrix}$	2 Visual acuity of of cutrants not recorded	Sce page 59.	$ \begin{bmatrix} 81\\ 6.720\\ 6.720\\ (7^2 \cdot 1)\\ 2.513\\ (27 \cdot 0) \end{bmatrix} $
$\begin{array}{c} 4,675\\ (53\cdot9)\\ 3,269\\ 3,269\\ (37\cdot7)\\ 731\\ (8\cdot4)\\ (8\cdot4)\end{array}$	t t ded	59.	$\begin{array}{c} 73\\ (o\cdot 8)\\ 6,368\\ (73\cdot 4)\\ 2,235\\ (25\cdot 3)\\ (25\cdot 8)\end{array}$
$\begin{array}{c} 4,309\\ (56\cdot2)\\ 3,041\\ (39\cdot7)\\ 317\\ (4\cdot1)\\ (4\cdot1)\end{array}$	$\begin{array}{c} \begin{array}{c} 2222\\ 95\\ 95\\ 95\\ (r\cdot 2)\\ 23\\ (r\cdot 2)\\ 23\\ (r\cdot 2)\\ 119\\ (r\cdot 6)\\ 119\\ (r\cdot 6)\\ 87\\ (r\cdot 1)\end{array}$	$\begin{array}{c} 6,555\\ (857)\\ (857)\\ (870)\\ 143\\ (19)\\ (19)\end{array}$	$\begin{array}{c} 18\\ (o\cdot 2)\\ 6,941\\ (90\cdot 5)\\ 707\\ (9\cdot 2)\end{array}$
$\begin{array}{c} 4,099\\ (55.9)\\ 2,979\\ (40.6)\\ 256\\ (3.5)\end{array}$	$\begin{array}{c} 270\\ (3.7)\\ 129\\ (r.8)\\ (28\\ (o.4)\\ 28\\ (o.4)\\ (a.6)\\ 147\\ (a.6)\\ 147\\ (a.6)\\ 147\\ (a.6)\\ 147\\ (a.6)\\ 147\\ (a.6)\\ 149\\ (a.6)\\ (a$	$\begin{array}{c} 6,095\\ 6,095\\ (83\cdot 2)\\ 625\\ (8\cdot 5)\\ 178\\ (2\cdot 4)\end{array}$	$\begin{array}{c} 29\\ (o\cdot4)\\ 6,655\\ (g\circ7)\\ (g\circ7)\\ 650\\ (8\cdot9)\end{array}$
$\begin{array}{c} 5,392\\ (7+2)\\ 1,818\\ (25\cdot0)\\ (25\cdot0)\\ (0\cdot\delta) \end{array}$	$\begin{array}{c} 272\\ (3.7)\\ 119\\ 119\\ (1.6)\\ 36\\ (0.5)\\ (0.5)\\ (1.9)\\ 126\\ (1.9)\\ 126\\ (1.7)\\ 166\\ (2.3)\end{array}$	$\begin{array}{c} 6,166\\ (84\cdot 9)\\ (84\cdot 9)\\ (6\cdot 8)\\ 172\\ (2\cdot 4)\\ (2\cdot 4)\end{array}$	$\begin{array}{c} 16\\ (0\cdot2)\\ 6,435\\ (88\cdot6)\\ 815\\ (11\cdot2)\end{array}$
$\begin{array}{c} 5,355\\ (72.6)\\ 1,960\\ (26.6)\\ (26.6)\\ (0.8)\\ (0.8)\end{array}$	$\begin{array}{c} 347\\ (4\cdot7)\\ 188\\ 188\\ (2\cdot5)\\ 51\\ (2\cdot4)\\ (2\cdot4)\\ (2\cdot4)\\ (2\cdot4)\\ (2\cdot4)\\ (3\cdot3)\end{array}$	$\begin{array}{c} 5,976\\ (81\cdot r)\\ 596\\ (8\cdot r)\\ (8\cdot r)\\ 212\\ (2\cdot 9)\end{array}$	$\begin{array}{c} 14\\ (o\cdot 2)\\ 6,570\\ (89\cdot 1)\\ 788\\ (10\cdot 7)\end{array}$
$\begin{array}{c} 518 \\ (84.9) \\ 86 \\ (14.7) \\ 6 \\ (1.0) \end{array}$	$\begin{array}{c} 52\\ (8\cdot5)\\ 32\\ (5\cdot2)\\ (5\cdot2)\\ (2\cdot7)\\ (2\cdot7)\\ (2\cdot8)\\ (2\cdot5)\\ (9\cdot5)\end{array}$	$\begin{array}{c} 475 \\ (77 \cdot 9) \\ 31 \\ (5 \cdot r) \\ 16 \\ 16 \\ (2 \cdot 6) \end{array}$	$ \begin{array}{c} 1 \\ (0 \cdot 2) \\ 584 \\ (95 \cdot 7) \\ (4 \cdot 1) \end{array} $
$ \begin{bmatrix} 332 \\ (83 \cdot 0) \\ (15 \cdot 8) \\ (15 \cdot 8) \\ (1 \cdot 3) \end{bmatrix} $	$\begin{array}{c} 48\\ (12\cdot 0)\\ 10\\ 3\cdot 8\\ (3\cdot 8)\\ (3\cdot 8)\\ (1\cdot 3)\\ (1\cdot 3)\\ (1\cdot 3)\\ (1\cdot 3)\\ (1\cdot 3)\\ (1\cdot 3)\\ (1\cdot 2)\\ (1\cdot 0)\end{array}$	$\begin{array}{c} 310\\ (77\cdot5)\\ 14\\ (3\cdot5)\\ 8\\ (2\cdot0) \end{array}$	369 (92·3) 31 (7·8)
$\left \begin{array}{c} 15,610\\ (617)\\ 8,576\\ (33.9)\\ 1,129\\ (4.5)\end{array}\right $	$\begin{array}{c} 560\\ 560\\ (3.5)\\ 251\\ 255\\ (7.6)\\ 65\\ (0.4)\\ (1.8)\\ 268\\ (1.7)\\ 319\\ (1.7)\\ 319\\ (2.0)\end{array}$	$\begin{array}{c} 13,590\\ (85\cdot r)\\ 1,171\\ (7\cdot 3)\\ 340\\ (2\cdot r)\end{array}$	$\begin{array}{c} 116\\ (0.5)\\ 21,069\\ (33\cdot 2)\\ 4,129\\ 4,129\\ (r6\cdot 3)\end{array}$
$ \begin{array}{c c} 14,683\\ (60.8)\\ (60.8)\\ 8,412\\ (34.8)\\ 1,055\\ (4\cdot4) \end{array} $	$\begin{array}{c} 677 \\ (4 \cdot 4) \\ 334 \\ 334 \\ 334 \\ (2 \cdot 2) \\ 345 \\ (2 \cdot 2) \\ 345 \\ (2 \cdot 7) \\ (2 \cdot 7) \end{array}$	$\begin{array}{c} 12,686\\ (82\cdot 0)\\ 1,274\\ (8\cdot 2)\\ 408\\ (2\cdot 6)\end{array}$	$\begin{array}{c} 118\\ (0.5)\\ 20,277\\ (8+0)\\ 3,756\\ (15\cdot6)\end{array}$
$\begin{array}{c} 30,293\\ (67\cdot2)\\ 16,988\\ 16,988\\ (34\cdot3)\\ 2,184\\ (4\cdot4) \end{array}$	$\begin{array}{c} 1,237\\ (3.99)\\ 585\\ 585\\ 585\\ 585\\ 585\\ 585\\ 613\\ (129)\\ 149\\ (0.5)\\ 613\\ 613\\ 613\\ 613\\ (2^{\circ}0)\\ 743\\ (2^{\circ}4)\\ (2^{\circ$	26,276 (83.6) 2,445 (7.8) 748 (2.4)	$\begin{array}{c} 234\\ (2\cdot5)\\ 41,346\\ (83\cdot6)\\ 7,885\\ (15\cdot9)\end{array}$
$\begin{array}{c c} 27,576\\ (57.5)\\ 18,061\\ (37.7)\\ 2,300\\ (4\cdot8) \end{array}$	$\begin{array}{c} 1,278\\ (4.1)\\845\\845\\ (2.7)\\1663\\ (0.5)\\847\\ (2.7)\\847\\ (2.7)\\ (2.5)\end{array}$	$\begin{array}{c} 25,167\\ (80\cdot9)\\ 3,009\\ (9\cdot7)\\ 636\\ (2\cdot0)\\ (2\cdot0)\end{array}$	$\begin{array}{c} 193 \\ (o\cdot4) \\ 38,829 \\ (8I\cdot0) \\ 8,887 \\ 8,887 \\ (18\cdot5) \end{array}$
$\left \begin{array}{c} 27,183\\ (57\cdot7)\\ 17,661\\ (37\cdot5)\\ 2,228\\ (4\cdot7)\end{array}\right $	$\begin{array}{c} 1,169\\ (3\cdot9)\\ (3\cdot9)\\ 843\\ (2\cdot8)\\ 843\\ (2\cdot8)\\ (2\cdot8)\\ (2\cdot6)\\ (2\cdot6)\\ 794\\ (2\cdot6)\\ 749\\ (2\cdot5)\\ (2\cdot5)\end{array}$	$\begin{array}{c} 24,258\\ (80.3)\\ 3,184\\ (10.5)\\ 595\\ (2\cdot 0)\end{array}$	$\begin{array}{c} 274\\ 274\\ (\circ\cdot6)\\ 36, 262\\ (77\cdot 1)\\ 10, 511\\ (22\cdot3)\end{array}$

APPENDIX IIb.—VISUAL ACUITY AND HEARING OF CHILDREN BORN IN 1941.

The partial examination of children approximately 7 years old was again included in the annual scheme of systematic medical inspection of school children at the request of the Department of Health for Scotland. During the year ended 31st July, 1949 similar arrangements to those of last year were made (see page 52, Report for 1948), the only change being the substitution of children born in 1941.

Detailed results of inspection during the period are given below under the relative sub-headings, and a column of 1948 totals is also supplied for purpose of comparison. It may be observed that fewer children were examined in 1949 by the nurses but that the over-all findings, despite a lower percentage recorded for "good" vision, can be regarded as satisfactory. Variable results may be expected in the application of tests to this particular age-group, for reasons already stated in the 1948 Report.

VISUAL ACUITY.

			1	io. and p	ercentage	
				1949.		1948.
			Boys.	Girls.	Totals.	Totals.
	(With Glasses-		~			
	Good, 6/6		38	60	98	147
			(0.6)	(0.9)	(0·S)	$(I \cdot O)$
	Fair, 6/9, 6/12		149	189	338	461
			$(2 \cdot 3)$	(2.9)	(2.6)	$(3 \cdot 2)$
Children who	Bad, 6/18, etc.		71	68	139	176
wore glasses	J		$(I \cdot I)$	(I·O)	$(I \cdot I)$	(1.2)
at examination.	} Without Glasses—	-				20
	Good, 6/6		13	14	27	60
			$(0\cdot 2)$	$(0 \cdot 2)$	(0.2)	(0.4)
	Fair, 6/9, 6/12	•••	105	154	259	360
			$(I \cdot 6)$	$(2 \cdot 4)$	(2.0)	(2.5)
	Bad, 6/18, etc.	•••	140	149	289	363
	4		$(2 \cdot I)$	(2•3)	(2 · 2)	(2.5)
	Cood ElC		2,589	2,413	5,002	5,930
Children not	Good, 6/6	•••	(39.7)	(37.0)	(38.4)	$(4I \cdot I)$
wearing glasses	Fair, 6/9, 6/12		3,095	3,122	6,217	6.655
at examination.	γ Pair, 0/5, 0/12	•••	(47.5)	(47.9)	(47.7)	(46.2)
at examination.	Bad, 6/18, etc.		574	663	1,237	1,051
		• • •	(8.8)	(10.2)	(9.5)	(7.3)
	C		(00)			
	Totals		6,516	6,515	13,031	14,420
				Bertha Bernard Training	Contraction of the local division of the loc	

Result of Eyesight (Snellen) Test.

Summary of findings (taking the better eye and with spectacles if worn at the examination) :---

				1	io. and p	ercentage	
					1949.		1948.
				Boys.	Girls.	Totals.	Totals.
Good, 6/6	• • •			2,627	2,473	5,100	6,077
				(40.3)	(38.0)	$(39 \cdot I)$	$(42 \cdot I)$
Fair, 6/9, 6/12	• • •	• • •	•••	3,244	3,311	6,555	7,116
Ded C/10 at				(49·8)	(50.8)	(50.3)	(49 · 3)
Bad, 6/18, etc.	•••	• • •	• • •	645	731	1,376	1,227
				(9.9)	$(II \cdot 2)$	(10.6)	$(8 \cdot 5)$
Totala				0.510			
Totals		• • •	• • •	6,516	6,515	13,031	14,420
				And and a second s			

Of those with defective eyesight, 1,142 (531 boys and 611 girls) were recommended for refraction, and 35 (13 boys and 22 girls) were advised to have re-test.

HEARING.

Result of Hearing Test.

	Ν	lo. and p	ercentage	е.
		1949.		1948.
	Boys.	Girls.	Totals.	Totals.
Normal	 6,430	6,446	12,876	14,213
	(98.7)	(99.0)	(98.8)	(98.6)
Defective—		(22)	(<i>J</i>)	
Grade I, for ordinary class	 66	50	116	152
	$(I \cdot O)$	(0.8)	$(0 \cdot 9)$	$(I \cdot O)$
Grade Ila, for front seat	 12	10	` źź	29
	$(0\cdot 2)$	$(0\cdot 2)$	$(0\cdot 2)$	$(0\cdot 2)$
Grade IIb, for class for semi-deaf	 7) <u> </u>	16	25
	$(0 \cdot I)$	$(0 \cdot I)$	$(O \cdot I)$	$(0\cdot 2)$
Grade III, for deaf class	 ì		ì	í
	$(0 \cdot 0)$		$(0 \cdot 0)$	(0.0)
Totals	 6.516	6.515	13.031	14,420

47 of the above children (26 boys and 21 girls) were referred to clinic for investigation of the cause of deafness.

APPENDIX IIC.—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN DURING SESSION 1948-49.

Arranged in tabular form on page 67 are (a) the averages for age, height and weight of children of 5, 9 and 13 years who were measured at systematic inspection during the session ended 31st July, 1949, and (b) the relative average measurements adjusted to uniform ages for that year and for each of the years back to 1941.

The measurements of pupils from the Boys' High, Allan Glen's, Hutchesons' Boys' and Girls', Jordanhill and St. Aloysius' schools were included in the statistical returns for the first time. As a result of this innovation, the measurements of 166 girls for both height and weight and of 449 and 482 boys for height and weight respectively were taken into consideration when calculating the averages of the three age-groups of children attending all schools. To simplify the study of the adjusted average measurements listed on page 67, the highest in each series is printed in **heavy** type and the second highest in *italics*. The findings may be stated thus :---

- (1) PUPILS AGED FIVE YEARS.
 - (a) Boys. The average for both *height* and *weight* was the highest ever recorded in each of the columns in the table.
 - (b) GIRLS. Except for the weight of "transferred" pupils (which, however, improved to second place), the *highest* position was reached for *height* and *weight* in each series.
- (2) PUPILS AGED NINE YEARS.
 - (a) Boys. In all columns the average *height* and *weight* was the *highest* yet recorded, although the weight of "transferred" pupils equalled the previous highest figure noted in 1948.
 - (b) GIRLS. Highest place was attained in every series for height and weight.
- (3) PUPILS AGED THIRTEEN YEARS.
 - (a) Boys. Highest place was reached for both height and weight in each column.
 - (b) GIRLS. In height average, "non-transferred" and "all" pupils were highest in their respective columns but "transferred" girls showed some deterioration. Weight showed improvement but could manage only second place in each series to the phenomenal first place figures of the year 1945.
- (4) Inclusion of the measurements of pupils attending the six schools mentioned above raised the averages in the particular groups with which they were associated. The *placings* in each sequence were unaffected, however, except for (a) the weight of nine-year-old " transferred " boys and (b) the height of thirteen-year-old " all " girls, both of which were elevated to first place from the second place which they would otherwise have occupied.
- (5) In all relative groups, the 1949 average measurement was higher than the highest average for any year prior to 1941.

Numbers, Average Ages and Measurements of Children of 5, 9 and 13 years of age within the Groups examined during Systematic Inspection. (The highest " adjusted " average in each column is in black two and the second in just

			(5-99)	Wt. Ibs.	88.13 87.18 86.67	87-01 87-15	86-39 86-39 86-11 86-46	(5.93)	Wt. Ibs.	92-76 91-58 91-41 91-47 91-47 91-47 91-37 91-37 90-55 90-06	
italics.)		All	6,260	Ht. ins. 58.76	1		58.07 58.07 58.20 58.08	6,337	Ht. ins. 59-16	1	
i:	EARS.	Transferred	(5-98)	Wt. Ibs. 87-04	86-28 85-19 83-97	85-12 84-45 84-45	04.03 84.74 84.25 84.47	(5.94)	Wt. ^{1bs.} 91.10		
second	13 Y	Trans	1,757	Ht. ins. 58-06	57.88 57.87 57.37	57.47 57.46 57.46	57.43 57.44 57.31	1,800	Ht. ins. 58·38	58-23 58-23 58-16 58-32 58-32 58-23 58-23 58-23 58-23 58-23 58-23 58-23 58-23 58-23 58-23 58-23	
and the sec		Non-transf'd	(5-99)	Wt. ^{Ibs.} 89-63	88-86 87-97 87-60	87.70 87.91 88.17	86.73 86.73 87.24	(5.93)	Wt. Ibs. 93.78	$\begin{array}{c} 92 \cdot 94 \\ 92 \cdot 50 \\ 92 \cdot 07 \\ 92 \cdot 07 \\ 92 \cdot 07 \\ 91 \cdot 48 \\ 91 \cdot 48 \\ 91 \cdot 58 \end{array}$	
type		Non-ti	4,503	Ht. ins. 59-04	58.85 58.57 58.49	58-52 58-52 58-44	58.30 58.45 58.39	4,537	Ht. ins. 59-47	59-32 59-24 59-24 59-05 59-05 59-12 59-12 58-09 58-09	
black		IIV	(6.12)	Wt. 1bs. 62·23	61 -73 61-73 61-11 61-11	60.88 60-88 60-42	60.21 59.18	(6-37)	Wt. lbs. 60·17	59-49 58-95 58-95 58-95 58-95 58-95 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-97 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 58-95 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90 57-90	
n is in			6,504	Ht. ins. 51-30	51.11 50.89	50-66 50-66	50.48 50.65 50.32	6,005	Ht. ins. 50.78	50.54 50.38 50.38 50.24 50.24 50.07 50.07 50.07 50.23	
average in each column	YEARS.	ferred	(00.9)	Wt. Ibs. 61-01	60-57 59-84	59-94 59-94 59-65	58-86 58-98 58-98	(6.42)	Wt. Ibs. 58-88	58.18 57.73 57.75 57.45 57.45 57.46 57.66 57.66 57.66 57.26 57.26	
in eacl	N N	Transferred	1,937	Ht. ins. 50.92	50.75 50.49 50.39	50-22 50-17	49.96 50.20 49.92	1,783	Ht. ins. 50-27	50.02 49.94 49.87 49.64 49.64 49.62 49.62	
verage		Non-transf'd	(6.17)	Wt. Ibs. 62·75	62-23 61-62 61-62 61-67	61-30	60-67 60-76 59-65	(6-34)	Wt. 1bs. 60·71	60-05 59-51 59-34 59-36 59-13 58-96 58-96 58-96 58-96 58-02	
		Non-tr	4,567	Ht. ins. 51-46	51.26 51.05 51.13 51.03	50-87 50-66	50.70 50.85 50.95	4,222	Ht. ins. 51-00	50-76 50-76 50-59 50-52 50-45 50-45 50-45 50-40 50-40 50-52 50-52 50-52	,
" adjusted "		ЧI	$(4 \cdot 15)$	Wt. ^{1bs.} 42.09	42.05 41.61 41.49 41.49	41.52	41.43 41.06 41.26	(4.25)	Wt. 1bs. 40.47	40.41 39.83 39.81 40.07 39.67 39.65 39.52 39.66	
(The highest "		V	8,601	Ht. ins. 42-39	42.36 42.18 42.06 42.06	42.01	41.95 41.97 42.02	S,036	Ht. ins. 42.02	41.98 41.77 41.70 41.70 41.64 41.64 41.54 41.58 41.58	F
(The }	I EARS.	ferred	(4-4-1)	Wt. Ibs. 41.67	41.57 41.05 41.02 <i>AT-TS</i>	40.98	40.90 40.52 40.65	$(4 \cdot 22)$	Wt. Ibs. 39-66	39.61 39.17 39.17 39.17 39.17 39.17 39.17 39.06 39.07	•
-	arc	Transferred	2,511	1.It. ins. 42.16	42.10 <i>41.77</i> 41.73	41.68	41.58 41.57 41.57	2,288	Ht. ins. 41.68	41.65 41.45 41.42 41.42 41.10 41.10 41.17 41.17 41.19	
		Non-transf'd	(4.03)	Wt. lbs. 42.26	42.25 41.85 41.69	41.75	41.67 41.30 41.47	(4.26)	Wt. Ibs. 40.79	40.73 40.13 40.10 40.10 40.33 39.97 39.93 39.93 39.93 39.93 39.93 39.74 38.89	
Systematic		Non-ti	6,090	Ht. ins. 42-48	42.47 <i>42.29</i> 42.19 42.23	42-15 42-02	42-13 42-04 42-18	5,748	Ht. ins. 42-16	$\begin{array}{c} 42.12 \\ 42.12 \\ 41.82 \\ 41.82 \\ 41.81 \\ 41.66 \\ 41.70 \\ 41.70 \\ 41.83 \\ 41.83 \end{array}$	
		chool	`	1949	1949 - 1948 - 1947 - 1947 - 1946 -	1945— 1944—	1942— 1942— 1941—		1949.	$\begin{array}{c} 1949 \\ 1948 \\ 1947 \\ 1946 \\ 1945 \\ 1944 \\ 1943 \\ 1943 \\ 1941 \\ 1941 \\ 1941 \\ 1941 \\ \end{array}$	
auring	AUE.	Type of School	No. of Boys & Age (months)*	Actual Average Measurements	Adjusted Average Measurements Auniform ages	5 yrs. 4 mths., 9 yrs. 5 mths.,	13 yrs. 5 mths. respectively)	No. of Girls & Age (months)*	Actual Average Measurements	Adjusted Average Moasurements (uniform ages of 5 yrs. 4 mths., 3 yrs. 5 mths., 13 yrs. 5 mths., 13 yrs. 5 mths.,	
1	1	1	ABA	Ac	Ave	5 yr 9 yr 10	13	Ag .	AvAv	Adji Ave Moa (uni of 5 yr 9 yr 13 y 13 y resp	

* Beyond years of age given at head of sections.

TARIE	IIISYSTEMATIC MEDICAL EXAMINATION O.	F
TADEL	ACCORDING TO REMEDIABILITY OF THE MAJO.	R

Classification	No. of children each group (and					
	Entrants			Second Age Group		
	Boys	Girls	Total	Boys	Girls	Total
I. Children free from defects	6,197 (66 · 5)		11,929 (66•3)		· · ·	9,450 (63·0
 II. Children (otherwise free from defects) who suffer from— (a) Defective vision not worse than 6/12 in the better eye with or without glasses; or (b) Conditions of the mouth and teeth requiring treatment (c) Both (a) and (b) 		 168 (<i>I</i> · 9) 	 3333 (<i>I</i> · 9) 	480 (6·3) 136 (1·8) 23 (0·3)	529 (7·2) 103 (1·4) 8 (0·1)	1,009 (6·7) 239 (1·6) 31 0·2
Totals	165 (1·8)	168 (1·9)	333 (1·9)	639 (8·3)	640 (8·7)	1,279 (8·5)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks	1,697 (<i>1</i> 8·2)	1,560 (<i>1</i> 8·0)	3,257 (18·1)	1,144 (14·9)	1,174 (16·0)	2,318 (15·5)
 IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases— (a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible (b) Where improvement only is considered possible, e.g. without complete restoration of function 	897 (9·6) 346		1,839 (10·2) 614	$659 \\ (\delta \cdot 6) \\ 322$	735 (10·0) 223	1,394 (9·3) 545
Totals	(3·7) 1,243		(3·4) 2,453	(4·2) 981	(3·0) 958	(3·6) 1,939
	(13.3)		(13.6)	(12.8)	(13.1)	(12.9)
V. Children suffering from defects from which improvement is not considered possible	12 (0·1)			8 (0·1)	7 (0·1)	15 (0·1)
Total numbers of children examined	9,314	8,676	17,990	7,667	7,334	15,001
				Include	es 827	children

Includes 827 children

CHILDREN	IN ORDINA	1RY	SCHOOLS. CLASSIFICATION
DEFECTS	FOUND IN	THE	INDIVIDUAL CHILD.

EXAMINED IN				NO. OF CHILDREN EXAMINED						
PERCENTAGES).				(AND PERCENTAGES).						
Third Age Group		Fourth Age Group			* All Ages Totals, 1949			Totals,	Totals,	
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	1948	1947
5,345	4,9 75	10,320	500	316	816	17,257	15,830	33,08 7	29,026	26,403
(73·6)	(67·5)	(70·5)	(82·0)	(79·0)	(80·8)	(68 <i>·</i> 2)	(65·5)	(66·9)	(60·5)	(56·I)
$ \begin{array}{r} 487 \\ (6 \cdot 7) \\ 65 \\ (0 \cdot 9) \\ 5 \\ (0 \cdot I) \end{array} $	574 (7·8) 96 (1·3) 14 (0·2)	1,061 (7·2) 161 (<i>I</i> · <i>I</i>) 19 (<i>o</i> · <i>I</i>)	59 (9·7) 1 (0·2)	$ \begin{array}{c} 28 \\ (7 \cdot 0) \\ 4 \\ (1 \cdot 0) \\ 1 \\ (0 \cdot 3) \end{array} $		1,054 (4·2) 374 (I·5) 28 (0·I)	1,162 (4.8) 375 (1.6) 23 (0.1)	2,216 (4·5) 749 (1·5) 51 (0·1)	2,702 (5·6) 852 (1·8) 67 (0·1)	2,616 (5.6) 1,255 (2.7) 136 (0.3)
557	684	1,241	60	33	93	1,456	1,560	3,016	3,621	4,007
(7·7)	(9·3)	(8•5)	(9·8)	(8·3)	(9·2)	(5·8)	(6·5)	(6·1)	(7 · 6)	(8·5)
820	833	1,653	27	18	45	3,740	3,618	7,358	9,039	9,592
(11·3)	(11·3)	(11·3)	(4·4)	(4·5)	(4·5)	(14·8)	(15·0)	(14·9)	(18·9)	(20·4)
281	548	829	7	19	26	1,871	2,276	4,147	4,211	4,740
(3·9)	(7 · 4)	(5·7)	(1·1)	(4.8)	(2·6)	(7 · 4)	(9·4)	(8·4)	(8·8)	(10·1)
255	320	575	16	14	30	962	842	1,804	1,990	2,279
(3·5)	(4 · 3)	(3·9)	(2·6)	(3.5)	(3·0)	(3 · 8)	(3·5)	(3·6)	(4·2)	(4·8)
536	868	1,404	23	33	56	2,833	3,118	5,951	6,201	7,019
(7·4)	(11·8)	(9·6)	(3·8)	(8·3)	(5·5)	(11·2)	(12·9)	(12·0)	(12·9)	(14·9)
8 (0·I)	12 (0·2)	20 (o·I)				29 (0·1)	25 (0·I)	54 (0·I)	51 (0·1)	52 (0·I)
7,266	7,372	14,638	610	400	1,010	2 5,315	24,151	49,466	47,938	47,073
outwith normal Age Groups.										

utwith normal Age Groups.

APPENDIX IIIa.—INSPECTION OF SPECIAL CASES ("NON-ROUTINES" AND "ABNORMALS").

DEFECTS FOUND IN CHILDREN PRESENTED FOR MEDICAL INSPEC-TION AS "NON-ROUTINES."—11,522 children were presented for "nonroutine" inspection (generally on account of defect observed or suspected by teachers). 9,814 of these were pupils in ordinary schools and 1,708 in special schools.

11,563 examinations were given, some of the children being seen more than once. The individual results were : "passing out" of special schools, 62; nits minor, 318; nits and/or vermin major, 224; skin conditions, 1,132; eye conditions (including defective vision), 2,513; ear, nose and throat defects, 1,574; "general" defects, 4,837; defective teeth, 175; no apparent disease, 233; and other causes, 495.

RE-INSPECTION BY MEDICAL OFFICERS OF "ABNORMALS."— The total re-inspections were 11,696. Of these, 3,836 (32.8 per cent.) were found to be receiving treatment at the school clinics, 2,406 (20.6 per cent.) were being treated elsewhere, 4,062 (34.7 per cent.) did not require treatment, and 1,392 (II.9 per cent.) had not had the necessary treatment provided. These last were unimportant cases or were reported for "following-up" by other methods.

(Details of "non-routine" and "abnormal" cases examined in Nursery Schools may be found on page 83.)

APPENDIX IIIb .- OTHER SPECIAL INSPECTIONS.

(a) LEAVING INTERVIEWS.—These were granted to 4,088 pupils in order to bring medical records up-to-date and to give advice regarding suitability for certain occupations.

(b) HOLIDAYS CAMP, ETC.—Arrangements were made for the inspection of pupils attending Play Centres and Junior Clubs and other groups of children proposed for holiday camps (summer, 1949), and for children going to Harvesting Camps (October, 1948).

		Во	YS.	GI	GIRLS.			
			Final Inspection.	Preliminary Inspection.	Final Inspection.			
		No. and %.	No. and %.	No. and %.	No. and %.			
Fit		2,272 (85.0)	2,609 (99.2)	1,663 (65.4)	2,370 (95.9)			
*Fit?		373 (14·0)		869 (34.2)				
Unfit	•••	27 (I·o)	21 (o·8)	11 (0.4)	101 (4·I)			
Totals		2,672	2,630	2,543	2,471			

(i) School and Junior Club Camps (June-July, 1949).

* Doubtful fitness at first inspection ; unfit at second inspection.

The percentages of children shown as being "fit" in the above table were lower in the preliminary inspections and higher in the final inspections as compared with the corresponding figures for 1948. Too many groups failed to muster even 50 per cent. clean children at the preliminary inspection.

(ii) Children going to Harvesting Camps (October, 1948).

		Bo	YS.	GIRLS.			
		Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.		
		No. and %.	No. and %.	No. and %.	No. and %.		
Fit	* * *	2,195 (83.4)	2,369 (97.1)	516 (60.3)	703 (91.5)		
*Fit?	• • •	374 (14.2)	1 (0.0)	272 (31.8)	4 (o·5)		
Unfit	• • •	62 (2.4)	69 (2.9)	68 (7.9)	61 (<i>8</i> ·0)		
Totals		2,631	2,439	856	768		

* Doubtful fitness at first inspection; unfit at second inspection.

The numbers examined were practically twice those inspected in the same period last year. Most of those not passed were rejected on account of head infestation. On the whole, percentages compared favourably with those of 1947, but returns from a few schools indicated unsatisfactory condition of pupils at the first inspection.

(c) CLEANLINESS INSPECTIONS IN SCHOOLS.—Greater numbers of children were examined at schools in 1949 by nurses from the Education Health Service and Sanitary Divisions than for some years past. The results are shown below.

	Во	YS.	GIRLS.		
	1949	1948	1949	1948	
First Inspections. Examined Infested Infected	53,990 1,344 (2·5) 3,360 (6·2)	$\begin{array}{r} 47,219\\819 (1\cdot7)\\2,779 (5\cdot9)\end{array}$	55,939 4,162 (7·5) 12,282 (22·9)	48,804 3,266 (6·7) 10,249 (21·0)	
Re-Inspections. Examined Infested Infected	14,252 1,093 (7·6) 3,777 (26·5)	$\begin{array}{c} 12,669 \\ 997 (7 \cdot 8) \\ 3,335 (26 \cdot 3) \end{array}$	36,818 5,484 (14·9) 18,487 (50·2)	$\begin{array}{c} 32,392 \\ 5,290 & (16\cdot 3) \\ 15,458 & (47\cdot 7) \end{array}$	

Cleanliness Inspectresses of the Education Health Service.

In 444 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Women Assistants. Of this number, 198 were cleansed at home by the parents and 190 were compulsorily disinfested at school or clinic. The parents of 5 children were successfully prosecuted under the Education (Scotland) Act, 1946, Section 52 and were fined $\pounds 1$ in each case for a first offence.

Nurse Inspectresses of the Sanitary Divisions.

	Bo	YS.	GIRLS.		
General	1949	1948	1949	1948	
Inspections. Examined Infested Infected	52,242 122 (0·2) 5,866 (II·2)	51,759 134 (0+2) 6,026 (11+6)	$\begin{array}{c} 47,685\\ 329 \ (0\cdot7)\\ 14,800 \ (31\cdot0) \end{array}$	$\begin{array}{c c} & 44,287 \\ 370 & (o\cdot S) \\ 13,260 & (29\cdot 9) \end{array}$	

The Nurse Inspectresses also visited 6,664 houses and revisited 212. They issued 323 formal printed notices to parents to cleanse the children within 24 hours, and reported that 140 children had been cleansed at clinics and 9,236 by the parents.

APPENDIX IIIC.—*CLEANLINESS SUPERVISION BY SENIOR WOMEN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS.*

This scheme, which was initiated in January, 1941, with 6 schools (see Report for 1941, page 74), functioned in 26 selected schools throughout the year.

In the following table, the percentages of children in the 26 schools who were found to be "clean and well-cared for" in every respect at two general inspections during Session 1948-49 are compared with the results of similar inspections during 1947-48.

		First Inspection.		Second Inspection.	
	Boys.	Girls.	Boys.	Girls.	
Six original schools (January, 1941) 1949	84·8%	$53.4\% \\ 62.5\%$	88·3%	67·2%	
1948	85·4%		88·1%	62·1%	
Other schools (June, 1942 and later) 1949	81.9%	59.2%	87·7%	$68.1\% \\ 69.0\%$	
1948	80.6%	56.2%	86·4%		
All twenty-six schools 1949	82.6%	59.7%	87.8%	67.9%	
1948	81.5%	57.6%	86.8%	67.3%	

The percentages for the 6 original schools show a deterioration from the 1948 position at the first inspection but an almost corresponding improvement at the second inspection. One school in particular returned very low percentages at both inspections.

In the other schools an improvement is apparent except for a negligible fall in the percentages for girls at the second inspection. The low percentages in a few schools brought down the general average considerably, especially at the first inspection.

All over, the net result was one of slight improvement amongst both boys and girls.

	(a)	(b)	(c)	
Disability.	At ordinary school.	At special schools or classes.	At no school or institution.	Totals.
1. Blind		27		27
 PARTIALLY SIGHTED— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition (b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to 		38	_	38
see well enough to be taught in an ordinary school 3. DEAF—Grade I Grade IIA Grade IIB Grade III	*114 *18 	45 82 125		45 *114 *18 82 125
 4. DEFECTIVE SPEECH— (a) Defects of articulation requiring special educational measures (b) Stammering requiring special educational measures 	} †421	8		429
 5. MENTALLY DEFECTIVE— (Children between 5 and 16 years)— (a) Educable (I.Q. approx. 50-70) (b) Ineducable (I.Q. gener- 		2,205		2,205
ally less than 50)		363	13	376
6. EPILEPSY— (a) Mild and occasional		52	-	52
 (b) Severe (suitable for care in a residential school) ¶ 7. PHYSICALLY DEFECTIVE— 	_		_	
 (Children between 5 and 16 years)— (a) Non - pulmonary tuber-culosis (excluding cervical glands) (b) General orthopaedic conditions 		185 210	;3 ;16	188 226
(c) Organic heart disease(d) Other causes of ill-health		91 477	*9 *11	100 488
Carried forward	553	3,908	52	4,513

TABLE IV.—RETURN OF ALL EXCEPTIONAL CHILDRENOF SCHOOL AGE IN THE AREA.

Disability.	(a)	(b)	(c)	
Disability.	At ordinary school.	At special schools or classes.	At no school or institution.	Totals.
Brought forward	553	3,908	52	4,513
 8. MULTIPLE DEFECTS— (i) Mentally defective (ineducable) and physically defective ("general ortho- 				
paedic conditions '') (ii) Mentally defective (in- educable) and epilepsy	_		43	43
(mild) (iii) Mentally defective (in- educable) and epilepsy		—	—	_
(severe) (iv) Mentally defective (in-		—	20	20
educable) and blind (v) Mentally defective (educ- able) and physically de- fective ("general ortho-		—	10	10
paedic conditions ") (vi) Mentally defective (educ-	_	285	<u> </u>	285
able) and epilepsy (mild) (vii) Mentally defective (educable) and epilepsy	—	38	—	38
(severe) (viii) Mentally defective (educable) and physically defective ("other causes		—	—	—
of ill-health ") (ix) Mentally defective (educ-	—	437	—	437
able) and deaf (x) Mentally defective (educ-		133	—	133
able) and blind (xi) Other multiple detects	_	433	§22	455
Totals	553	5,234	147	5,934

* Pupils examined at Routine Medical Inspection during the session.

¶ A number of cases of severe epilepsy not " suitable for care in a residential school " are lodged in Certified Institutions and the Colony for Epileptics, Bridge of Weir.

† Children attending Child Guidance Clinics during the session.

[‡] Home Tuition cases.

§ Includes 7 Home Tuition cases.

TABLE V.-DENTAL INSPECTION AND TREATMENT.

DENTAL INSPECTION .----

(1) NUMBER OF CHILDREN		1949		1948	1947
INSPECTED BY THE DENTAL OFFICERS.	System- atic Exam- inations.	Special & Emer- gency Cases.	Totals.	Totals.	Totals.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} 10\\ 20\\ 22\\ 3,836\\ 4,215\\ 3,192\\ 2,529\\ 2,071\\ 1,890\\ 1,612\\ 637\\ 301\\ 345\\ 7\\\\\\\\\\\\\\\\\\\\$		ot lable.	$\begin{array}{c}$	Not available
Totals	20,687	935	21,622	33,028	32,728
 (1A). No. of schools in- spected (1B). Half-days spent at inspection 	53 92		53 92	65 134	83 140
 (2). Found to require treatment (2A). Number of children accepting treatment (2B). Cards not returned or returned blank (2c). Promised private treatment 	$\begin{array}{c} 16,143 \\ (78 \cdot 0\%) \\ 9,663 \\ (59 \cdot 9\%) \\ 782 \\ (4 \cdot 8\%) \\ 5,698 \\ (35 \cdot 3\%) \end{array}$	$\begin{array}{c} 827\\ (88\cdot 4\%)\\ 720\\ (87\cdot r\%)\\ 26\\ (3\cdot r\%)\\ 81\\ (9\cdot 8\%)\end{array}$	$\begin{array}{c} 16,970 \\ (78\cdot 5^{\circ}) \\ 10,383 \\ (61\cdot 2^{\circ}) \\ 808 \\ (4\cdot 8^{\circ}) \\ 5,779 \\ (34\cdot 1^{\circ}) \end{array}$	$\begin{array}{c} 24,503 \\ (74\cdot 2^{\circ}_{\circ}) \\ 14,854 \\ (60\cdot 6^{\circ}_{\circ}) \\ 1,520 \\ (6\cdot 2^{\circ}_{\circ}) \\ 8,129 \\ (33\cdot 2^{\circ}_{\circ}) \end{array}$	$\begin{array}{c} 22,940 \\ (70 \cdot r^{\circ}_{0}) \\ 12,106 \\ (52 \cdot 8^{\circ}_{0}) \\ 2,143 \\ (0 \cdot 3^{\circ}_{0}) \\ 8,691 \\ (37 \cdot 9^{\circ}_{0}) \end{array}$

Note.—The figures on this page appearing under the heading "Special and Emergency Cases" refer to pupils who, absent from school at the time of Routine Dental Inspection, were later summoned to the clinic.

Dental Treatment.--

The figures given below refer to all children, not merely those found at Dental Inspection.

		1949		1948	1947
	System- atic Exam- inations.	Special & Emer- gency Cases.	Totals.	Totals.	Totals.
(3) Actually treated by the school dental officers(3A). Number of the above	10,463	11,773	22,236	22,946	18,738
cases where treatment was completed	6,076 (58·1%)	8,184 (69·5%)	14,260 (64·1%)	8,744 (38·1%)	Not available
(4). Number of attend- ances for treatment(4A). Attendances, but	26,425	30,193	56,618	52,998	48,844
treatment not given	1,620	1,818	3,438	3,759	4,277
 (5). Fillings— (a) Permanent teeth (b) Temporary teeth 	3,123 3,068	5,763 813	8,886 3,881	9,249 1,076	8,064 1,457
 (6). Extractions— (a) Permanent teeth— Without anaesthetic With local anaesthetic With general anaes- 	1 654	3,194	1 3,848	19 3,909	28 3,010
(b) Temporary teeth				—	-
Without anaesthetic With local anaesthetic With general anaes-	7 19,126	17 19,127	24 38,253	35 32,886	44 32,578
thetic				—	
(7). Number of admini- strations of general anaesthetic for ex- tractions					
 (8). Other operations— (a) Permanent teeth— Scalings Gum treatment Silver nitrate dressings Temporary fillings Others 	749 423 1,519 1,029 517	1,344 1,271 722 2,377 778	2,093 1,694 2,241 3,406 1,295	3,901 3,079 1,940 4,268 1,694	3,707 2,564 2,298 3,516 1,674
(b) Temporary teeth- Scalings Gum treatment Silver nitrate dressings Temporary fillings Others	61 107 7,328 435 130	39 87 3,001 247 34	100 194 10,329 682 164	42 180 9,522 301 49	37 417 8,403 273 125

		1949	1948	1947	
	System- atic Exam- inations.	Special & Emer- gency Cases.	Totals.	Totals.	Totals.
(9). Half-days devoted to inspection Half-days devoted to	92	2.898	92 5,920	134 5.096	140
treatment Half-days devoted to orthodontic treatment	3,022 Not av	ailable.	93	5,090 72	4,903
(10). Number of children treated under private arrangments		1	Not known		1
(11) Ratio of fillings to extractions (permanent teeth only)	478 : 100	180 : 100	231 : 100	235 : 100	265 : 100

Orthodontic Treatment.—An aggregate of 1,096 treatments was given to approximately 90 children at the school clinic, about 40 cases being completed. By special arrangement also, 67 pupils were notified to attend Glasgow Dental Hospital for orthodontic treatment and 59 of these were accepted, the remainder failing to appear.

Other Work.—Crowns were inserted in 7 cases, 9 artificial dentures were supplied, and X-ray examinations to the number of 56 were given.

APPENDIX VI.—SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS (of which details are given throughout Report) showing variations from Statistics for previous year.

Type.		Cases 1949	Cases 1948	Cases 1947
Systematic Examinations (page 51)		49,466	47,938	47,073
Systematic Examinations— Special Schools (page 51)		1,439	1,434	1,295
Other Examinations in Schools (page 52) .		44,480	46,490	41,053
Other Examinations mainly in Clinics (page 5	52)	25,264	20,386	15,527
Cleanliness Examinations (page 52)		160,999	141,084	146,471
Dental Inspections (page 76)		21,622	33,028	32,728
Remand Home Inspections (page 85) .		1,521	1,483	1,165
Totals		304,791	291,843	285,312

A. INSPECTION.

B. IREAIMENI.								
		Cases.		At	tendances			
Disease or Defect.	1949	1948	1947	1949	1948	1947		
(a) MINOR AILMENTS-								
Ear—								
Examined only	1,708	2,071	1,471	\$ 57,018	57,721	51,699		
Clinic Treatment	2,384	2,570	2,162	5 57,010	07,721	01,000		
Aurists' Examinations	1,284	1,157	1,071	1,284	1,157	1,071		
Aurists' Classifications	75	59	60	75	59	60		
(page 28)	5,451	5,857	4,764	58,377	58,937	52,830		
Eye (page 31)	2,406	2,513	1,939	22,559	23,360	19,542		
Skin—								
Cuts, minor injuries, etc	2,923	2,974	2,361	108,423	138,182	115,539		
Clinic Treatment	11,868	18,191	15,185	\$108,425	100,10~	110,000		
Cleansing Clinics	423	513	408	695	962	652		
Ringworm—Head	†106	126	168	106	126	154		
Body	201	280	361		d under ''			
Scabies Baths	*(708)	(1,841)	(3,047)	4,015	`reatment.' 12,942	19,686		
(pages 28 and 31)	15,521	22,084	18,483	113,239	152,212	136,031		
				A				
(^{<i>k</i>}) DEFECTIVE VISION—	5,366	10,839	9,594	5,799	12,284	11,023		
Spectacles ordered (page 34)	2,166	5,577	4,502	2,193	7,761	5,961		
	~			-1		1		

† Includes 7 cases from other authoritics.

* Cases are included under "clinic treatment" but attendances are shown separately.

B. TREATMENT.

		Cases.		А	ttendance	S.
Disease or Defect.	1949	1948	1947	1949	1948	1947
(c) EAR, NOSE AND THROAT—						
Tonsils and Adenoids operations	1,966	1,137	1,670	4,903	3,488	5,111
Other operations	22	55	122	22	55	122
(<i>page</i> 35)	1,988	1,192	1,792	4,925	3,543	5 233
(d) ORTHOPAEDIC—						
Examined only	1,052	1,069	206	1,052	1,069	206
Treated by exercises	859	806	687	17,585	17,719	16,588
Treated by appliances		105	103		212	180
Treated outwith clinics	242	Not at	vailable	1,393	Not available.	
(page 37)	2,153	1,980	996	20,030	19,000	16,974
(e) OTHER DISEASES-						
General	6,072	8,702	7,435	18,113	23,331	19,296
Supply of Medicines	1,802	2,368	1,603	17,799	22,608	18,803
Artificial Light	1,625	1,870	1,623	21,323	24,516	22,081
Cardiac Cases	239	268	73	*16	Include "Ger	d in neral "
(page 39)	9,738	13,208	10,734	57,251	70,455	60,180
(f) DENTAL (page 77)	22,236	22,946	18,738	60,056	56,757	53,121
(g) REMAND HOME (page 85)	252	339	124	252	339	124
Totals	67,277	86,535	71,666	344,681	404,648	361,019

* Remainder included in "General."

APPENDIX VII.—NURSERY SCHOOLS AND DAY NURSERIES.

At the end of June, 1949 36 Nursery Schools were functioning under the Education Department with places for 1,380 children and there were 40 children in Southannan Residential Nursery School, Fairlie. On the same date the Public Health Department had under its management 15 Day Nurseries with about 700 places, and one Weekly Nursery for 40 children whose mothers worked on night-shifts.

Throughout the year visits were paid to the Nursery Schools by Child Welfare and School Medical Officers. The latter attended at regular intervals for the purpose of routine inspection but also examined children presented on account of defects observed by teachers (" nonroutines ") and those previously noted for re-inspection (" abnormals ").

(Routine Inspection denotes the systematic examination, by School Medical Officers, of all children attending Nursery Schools, visits being so arranged that each pupil is surveyed annually. Medical records of every nursery school pupil are subsequently forwarded to the day school at which the child enrols on leaving the nursery).

During the period under review, 809 children (404 boys and 405 girls) were subjected to "routine inspection," 480 were examined as "non-routines," and 59 were re-inspected ("abnormals"). The results of these examinations are given below.

ROUTINE INSPECTION.

(i) Numbers and Percentages of Children Suffering from Defects (see Table II, page 56, for full details of headings).

Nature of Defects Found.	N	umber Exa	mined.
Nature of Derects Found.	Boys.	Girls.	Totals.
Unsatisfactory clothing and footgear Uncleanliness of head or body Skin conditions of head or body Defective nutrition Mouth and teeth unhealthy Naso-pharyngeal conditions Eye diseases (excluding defective eye- sight) Ear diseases (including defective hearing) Defective speech Mental and nervous conditions Defects of circulatory system Pulmonary conditions Deformities	$ \begin{array}{r} 1 \\ 14 \\ 9 \\ 23 \\ 1 \\ 82 \\ 19 \\ 5 \\ 12 \\ 2 \\ 7 \\ 27 \\ 31 \\ 20 \\ \end{array} $	$ \begin{array}{r} 3 \\ 49 \\ 12 \\ 36 \\ 1 \\ 75 \\ 25 \\ 7 \\ 3 \\ 2 \\ 3 \\ 32 \\ 24 \\ 10 \\ \end{array} $	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

(ii)	Classificatio	on of Children	according to	Remedia	ibility o	f Major
	Defects 1	Found in the	e Individual	Child ((see Ta	ble III,
	page 68,	for full deta	ils of headin	gs).		

Classification.		Nt	umber Exa	mined.
Classification.	Boys.	Girls.	Totals.	
Free from defects		220	232	452 (55.9%)
Defects of mouth and teeth only		1		1 (0.1%)
Temporary ailments	• • •	92	101	193 (2 3 ·9%)
"Curable "defects		52	38	90 (11.1%)
" Improvable " defects		37	32	69 (8.7%)
Defects not "improvable"		2	2	4 (0.5%)
Totals		404	405	809

(iii) Additional Information.

Parents were notified of defects found in 326 instances, 39 (4.8 per cent.) of these being due to clothing, cleanliness, or minor dental defects, and 287 (35.5 per cent.) being in respect of other defects. School Medical Officers also noted 32 cases (4.0 per cent.) for reinspection as a result of defects observed in clothing, cleanliness, or for minor dental defects, and 318 children (39.3 per cent.) having other defects. "Sound teeth" was recorded in 638 cases (78.9 per cent.) and 732 pupils (90.5 per cent.) were recorded as having had complete diphtheria immunisation.

INSPECTION OF NON-ROUTINE CASES.

Children to the number of 480 were presented for inspection on account of defects observed or suspected by teachers and 482 examinations were given. The individual results were as follows :----

Nits minor, 3; skin conditions, 29; eye conditions, 25; ear, nose and throat defects, 90; "general" defects, 184; defective teeth, 26; no apparent disease, 68; and other causes, 57.

RE-INSPECTION OF "ABNORMAL" CASES.

The total number of re-inspections was 59, and 39 of these pupils were found to be receiving treatment at school clinics whilst 9 were being treated elsewhere. Treatment was not required in 5 cases and 6 others were not obtaining the necessary treatment for various reasons.

APPENDIX VIII.—MASS MINIATURE RADIOGRAPHY.

The Education Health Service continued to arrange with the Mass Miniature Radiography Centre for the x-raying of pupils attending Glasgow schools. Children mostly of 13 years and over were dealt with, a miniature photograph being taken of each and any case of apparent abnormality being recalled for a large film.

In the course of Session 1948-49, pupils to the number of 17,377 (8,906 boys and 9,471 girls) were examined at the Ashley Street Centre and at other centres temporarily set up for local convenience. The number was the highest recorded since the scheme commenced in 1944-45.

Details of those examined during the year, together with the abnormalities discovered, are shown in the tables below, particulars of 13-year-olds being separately arranged. Totals of the previous two years are added for purpose of comparison.

NUMBERS AND PERCENTAGES OF CHILDREN EXAMINED AT THE MASS RADIOGRAPHY CENTRES.

All Ages.

		1949		1948	1947
	Boys.	Girls.	Totals.	Totals.	Totals.
Number examined.	8,906	9,471	17,377	12,231	10,943
Abnormal conditions found—					
Active pulmonary tuberculosis	36	62	98	49	46
	(0 · 4)	(0·6)	(0·6)	(0·4)	(0•4)
Inactive pulmonary tuber-	24	34	58	87	100
culosis	(0·3)	(0·4)	(0·3)	(0 · 7)	(0 · 9)
Healed primary pulmonary	790	704	1,494	781	844
tuberculosis	(8•9)	(7 · 5)	(8·6)	(6 · 4)	(7 · 7)
Non-tubercular conditions (pre-	784	656	1,440	$1,078 \\ (8.8)$	1,091
viously known or unknown)	(8·8)	(6+9)	(8·3)		(10·0)
Totals	1,634	1,456	3,090	1,995	2,081
	(18·3)	(15·4)	(17·8)	(16·3)	(19·0)

Thirteen Years.

		1949	1948	1947	
	Boys.	Girls.	Totals.	Totals.	Totals.
Number examined	4,074	4,484	8,558	6,576	9,225
Abnormal conditions found-					
Active pulmonary tuberculosis	17	28	45	21	39
	(0·4)	(0·6)	(0·5)	(0 <i>·3</i>)	(o · 4)
Inactive pulmonary tuber-	7	15	22	50	87
culosis	(0·2)	(0 <i>·3</i>)	(0·3)	(0·8)	(0·9)
Healed primary pulmonary	379	386	765	380	718
tuberculosis	(9•3)	(8 · 6)	(8•9)	(5·8)	(7 <i>·8</i>)
Non-tubercular conditions (pre-	286	295	581	624	946
viously known or unknown)	(7 • 0)	(6•6)	(6·8)	(9 <i>•</i> 5)	(10·3)
Totals	689	724	1,413	1,075	1,790
	(16·9)	(16·1)	(16·5)	(16·3)	(19·4)

APPENDIX IX.—*MEDICAL SUPERVISION OF REMAND HOME.*

From the beginning of the session the School Medical Officers, on a weekly rota, undertook the medical supervision of children in the Home, and were available to be called out at any time of the day or night on request. The children were examined shortly after admission and immediately prior to dismissal, and at other times considered necessary by the Medical Officer or the Superintendent.

Details of the examinations and the numbers treated for ailments were as follows :—

		1948		
	Boys.	Girls.	Totals.	Totals.
Examined	1,423	98	1,521	1,483
Treated in the Home	140	5	145	180
Treated at Clinic	5		5	7
Sent to Hospital	3		3	2

In addition to the foregoing, 99 children (83 boys and 16 girls) were treated in the Home for pediculosis capitis.

APPENDIX X.—DIPHTHERIA IMMUNISATION CAMPAIGN.

During the spring a diphtheria immunisation campaign in the schools was undertaken but it differed in some respects from previous annual "drives." It was launched earlier than usual (in February, 1949) in order to make available a greater margin of time in the latter part of the year for overtaking routine inspection and other normal school health work unavoidably disrupted during the period of the campaign. The principal difference, however, was the inclusion of "re-inforcing" doses in the offer of immunisation made to school children during this period only.

In former years it had not been considered practicable or advisable to offer re-inforcing injections in school to all children in primary classes and only nine-year-olds were attempted, children of other ages being referred to the regular diphtheria immunisation clinics which were open all the year round. As a result, complaints were received each year from the clinics of inability to cope with the demands for reinforcing doses. As a remedy and because it was felt that more children would avail themselves of the facilities in the familiar surroundings of the school, the general offer of immunisation was extended to all pupils in primary classes who had never been immunised or whose last immunisation was more than four years previously. The response to the appeal was most gratifying and was in great measure due to the enthusiastic co-operation of the school teaching staffs.

In the table on the next page a comparison is given of the numbers of children immunised during each of the school years 1948 and 1949, and showing those dealt with (a) by School Medical Officers in the schools, and (b) at the diphtheria immunisation *ad hoc* clinics.

		At Schools.			At Clinics.		
		Under 5 years.	Over 5 years.	Totals.	Under 5 years.	Over 5 years.	Totals.
First Injections	1949	Not available.		7,512	8,081	245	8,326
i iist injections	1948	NULAY	anabie.	10,391	10,833	605	11,438
Final Injections	1949	394 4,882		5,276	7,811	695	8,506
r mai injections	1948	1,006	8,272	9,278	10,110	954	11,064
Re-inforcing Doses	1949	Not available.		22,645	141	789	930
	1948			3,494	168	3,46 5	3,633
Total Nos. of	1949	Notav	N7-4 '1 1 1		16,033	1,729	17,762
Injections	1948	Not available.		23,163	21,111	5,024	26,135

A study of the figures clearly brings out the following points :---

- (i) The total injections given in 1949 showed an increase of nearly 4,000 over 1948.
- (ii) This increase was entirely due to the unprecedented demand for re-inforcing doses at schools.
- (iii) The number of injections given by School Medical Officers in the schools was twice that given at the regular clinics during the year 1949.
- (iv) Total injections in 1949 compared with 1948 showed an increase for schools of 12,300 and a reduction at clinics of 8,300.

It should be noted also that 99 per cent. of the children immunised at schools were dealt with during the few weeks of the campaign.

GLASGOW CORPORATION
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197 POLLOKSHAWS RD., GLASGOW, S.1